

**‘THIS DISTRESSING MALADY’ : CHILDBIRTH AND  
MENTAL ILLNESS IN SCOTLAND 1820-1930**

Morag Allan Campbell

A Thesis Submitted for the Degree of PhD  
at the  
University of St Andrews



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'This distressing malady': Childbirth and mental illness  
in Scotland 1820 - 1930

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University of  
St Andrews

This thesis is submitted in partial fulfilment for the degree of  
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at the University of St Andrews

September 2019



‘This distressing malady’:  
Childbirth and mental illness in Scotland  
1820 – 1930

Morag Allan Campbell

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## **Abstract**

My thesis explores the experiences of women who suffered from mental disorder related to childbirth and pregnancy, looking in particular at Dundee, Fife and Forfarshire in the north-east of Scotland, during the period 1820 to 1930. This study offers a new perspective on women's lives, wellbeing and healthcare in this region by examining at a local level the ideas surrounding postpartum mental illness.

By the mid-nineteenth century, the term 'puerperal insanity' was widely known and much discussed and deliberated in medical literature. However, the day-to-day care and treatment of postpartum women suffering from mental disorder was not straightforward. My findings demonstrate that the diagnosis and treatment of postpartum mental illness in nineteenth- and early twentieth-century Scotland was a complex issue influenced as much by social and economic factors as by medical ideas.

Using records from the chartered asylums at Montrose and Dundee, court and prison records, and newspaper accounts, I have uncovered how childbearing-related mental illness was recognised, accepted and supported by families, neighbours, friends and authorities. Within the asylum, I have revealed how physicians assessed their patients' characters and status as much as their physical conditions, but nevertheless in many cases provided positive medical care and much-needed rest and nourishment. In criminal cases, my study has looked beyond legislation and verdicts to reveal a positive and constructive approach to the care and custody of women who had committed child murder.

Awareness of postpartum mental illness in the community was developed through a collaboration of medical and lay knowledge, acquired through interactions between physicians, families and communities, and filtered through pre-existing understandings and ideas. I have identified a lay understanding and accepted discourse which guided the ideas and actions of friends, family and community in dealing with the problems associated with mental illness among postpartum women.





## **General Acknowledgements**

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## Contents

<b>Preface</b>	<b>1</b>
<i>An 'unexpected appearance of insanity'</i>	1
<i>'A delirium without fever'</i>	5
<i>Rejecting the maternal ideal</i>	7
<i>Witnessing women's lives through their experience of postpartum mental illness</i>	8
<b>Introduction</b>	<b>15</b>
<i>Histories of psychiatry and women's health</i>	15
<i>Feminist influences on the study of women and mental illness</i>	17
<i>Gender and mental health</i>	21
<i>Puerperal insanity - key studies and theories</i>	23
<i>Project Aims</i>	31
<i>Sources</i>	32
<i>Methodology</i>	36
<i>Structure of the thesis</i>	39
<i>Summary</i>	42
<b>Chapter One: Caring for the insane in nineteenth-century Scotland</b>	<b>45</b>
<i>Introduction</i>	45
<i>'The peculiarities of the Scots'</i>	45
<i>The organisation of insanity in Scotland</i>	49
<i>'These unfortunate persons' - Caring for the insane in Dundee and Forfarshire</i>	54
<i>Criminal Lunatics</i>	66
<i>'Of the very first moral powers': Staffing the asylums</i>	70
<i>Overview of roles and responsibilities</i>	70
<i>Medical Superintendents</i>	75
<i>Matrons</i>	78
<i>Asylum staff</i>	84
<i>Summary</i>	87
<b>Chapter Two: Locating and measuring puerperal insanity</b>	<b>99</b>
<i>Introduction</i>	99
<i>'Are your courses regular?' Understanding the female animal</i>	101
<i>Using asylum case notes in historical research</i>	105
<i>Diagnosis and discussion at Dundee and Montrose</i>	112
<i>Selecting patient cases for research</i>	124
<i>Ages</i>	127
<i>Where they came from</i>	127
<i>Private/Pauper ratios</i>	129
<i>Married/unmarried/widowed women</i>	132
<i>Working women</i>	135
<i>Length of stay, readmissions and death</i>	138
<i>Summary</i>	140

<b>Chapter Three: Exploring family and community narratives</b>	<b>155</b>
<i>Introduction</i>	155
<i>Papers and procedures</i>	156
<i>Patient histories and family strategies</i>	160
<i>Disinterest, delusions and domestic disorder</i>	165
<i>Keeping it in the family</i>	170
<i>What the neighbours said</i>	177
<i>Summary</i>	184
<b>Chapter Four: Treatment, recovery and release</b>	<b>187</b>
<i>Introduction</i>	187
<i>Recovering the ‘latent spark of reason’: Treatment in the asylums</i>	188
<i>Respectability and expectations</i>	199
<i>Readmission, retention and release</i>	209
<i>Summary</i>	219
<b>Chapter Five: Child murder and insanity: Judgement, custody and care</b>	<b>223</b>
<i>Introduction</i>	223
<i>Child murder and insanity</i>	226
<i>‘An atrocity of the deepest dye’: Murdering mothers</i>	233
<i>‘Free from the taint of crime’ - Queen or King’s Pleasure Lunatics</i>	241
<i>Beyond the courtroom - Custody and care</i>	244
Helen R (1875 – 1907)	245
Elizabeth B (1895- 1904)	246
Ann A (1906 - 1925)	250
Jane W (1910- 1929)	253
<i>‘She will be watched carefully’</i>	257
<i>Conditional release and future pregnancy</i>	260
<i>Final outcomes</i>	264
<i>Summary</i>	266
<b>Conclusion</b>	<b>271</b>
<i>Childbirth and insanity: knowledge and narratives</i>	272
<i>Mothers and mental illness in the twentieth century</i>	277
<i>Beyond puerperal insanity</i>	279
<b>Bibliography</b>	<b>283</b>
<b>Appendices</b>	<b>305</b>

## Tables and Figures

### Figures

Cover Image Photograph of a baby born in Dundee Royal Lunatic Asylum, with asylum staff, identities unknown (THB 7/8/9/42: p. 221)	iii
Figure P:1 Map showing Montrose and Dundee, Kincardineshire Forfarshire and Fife	13
Figure 1:1 Early asylums in Scotland	91
Figure 1:2 Montrose Royal Lunatic Asylum, 1840	95
Figure 1:3 Dundee Royal Lunatic Asylum, 1822	95
Figure 1:4 Montrose Royal Lunatic Asylum (Sunnyside). Completed in 1858	97
Figure 1:5 Dundee Royal Lunatic Asylum (Westgreen). c1890	97
Figure 2:1(a) Example of Case Book Entry, Montrose, 1856	143
Figure 2:1(b) Example of Case Book Entry, Montrose, 1858	144
Figure 2:2(a) Example of Case Book Entry, Dundee, 1843	145
Figure 2:2(b) Example of Case Book Entry, Dundee, 1855	146
Figure 2:3(a) Example of Case Book Entry, Dundee, 1898	147
Figure 2:3(b) Example of Case Book Entry, Montrose, 1901	148
Figure 2:4 Ages of Postpartum Patients on First Admission Related to Childbirth	153
Figure 2:5 Marital Status of Postpartum Patients	153
Figure 5:1 Asylum Photograph, Elizabeth B	269
Figure 5:2 Asylum Photograph, Jane W	269

### Tables

Table 1:1: Sample Numbers of Male/Female Patients in Montrose and Dundee Asylums	93
Table 2:1 Resident Asylum Populations	149
Table 2:2 Overview of Postpartum Patients - Selected Group, Admissions and Classes	151
Table 2:3 Deaths of Postpartum Patients in the Asylums	151

### Appendix A

Table A1: Montrose Asylum, Patients Admitted with a Connection with Childbirth 1840 – 1860	305
Table A2: Dundee Asylum, Patients Admitted with a Connection with Childbirth 1840 – 1860	310
Table A3: Montrose Asylum, Puerperal Insanity Patients 1890 – 1910	318
Table A4: Dundee Asylum, Puerperal Insanity Patients 1890 - 1910	330
Table A:5 Occupations of Postpartum Patients Admitted 1840 – 1860	340
Table A:6 Occupations of Postpartum Patients Admitted 1890 – 1910	341

### Appendix B

Table B1: Criminal Cases 1841 – 1910	343
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## Note

The women on whose experiences this thesis is based are long dead. Their records are available for anyone to view in the archives, and indeed, in the cases of those charged with criminal acts, their names and details would have been publicly available even at the time. Nevertheless, I have been acutely aware throughout that the records I have researched for this thesis are of a sensitive and personal nature. I therefore decided against using the full names of the women and have instead referred to them by their first name and the initial of their surname only. This I felt would respect their privacy, while the use of at least part of their real names also preserves their humanity.

Information related to the women selected for this study can be found in the appendices. Appendix A details the women identified within the asylums, listed in order of their first admission to the asylum, and Appendix B lists the women involved in the child murder cases.

Where mentioned in the thesis text, in addition to their abbreviated names, the women are differentiated by a code number related to their admission to one or other asylum (prefixed D for Dundee, M for Montrose) and the year in which they were first admitted to that asylum. The women included in the child murder table are identified with the prefix 'C'.

For example, a reference in the text to Magdalene M (D1850) would refer to Magdalene M, first admitted to Dundee Royal Lunatic Asylum in 1850.





‘Few cases can be supposed to occasion more distress in a family than the unexpected appearance of insanity in a young woman, just when she, her husband, her relatives and her friends are full of natural joy on account of her safely having become a mother.’<sup>1</sup>

‘I thought it would be powerful to explore the idea of what is supposed to be this magical and amazing time of creating a new life, and those first weeks and months of caring for that new person, when it’s all overlaid with deeply distressing mental illness. It seemed to me both very sad but also potentially life affirming, in the sense that we’d hope to share the reality of the condition to create more awareness of it and follow people as they recover from it.’<sup>2</sup>

‘Admitted 11 September 1849. No. 1316. Female. Public. Married. 31. Puerperal mania. Imagines that everything she does is wrong and that she will never again be happy. Cured 2 mos.’<sup>3</sup>

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<sup>1</sup> John Conolly, 1846. Quoted in Hilary Marland, ‘Disappointment and Desolation: Women, Doctors and Interpretations of Puerperal Insanity in the Nineteenth Century,’ *History of Psychiatry*, 14 (2003): 311.

<sup>2</sup> Louis Theroux, 2019. Quoted in Biddlecombe, Sarah. “Exclusive: Louis Theroux Reveals Everything You Need to Know About his Powerful New Documentary.” *The Stylist* (2019). Published electronically 19-3-2019. [Accessed 4/4/19]

<sup>3</sup> Dundee University Archives (DUA) THB 7/8/9/1. Male and Female Case Book 1820 - 1857.



## Preface

### *An 'unexpected appearance of insanity'*

On the morning of 27 February 1875, eleven-year-old David, awakened as usual by his father at five o'clock, rose to begin the day at their small cottage in the village of Monikie, near Dundee, in the north-east of Scotland. As he finished dressing, his father came back into the room and told him to go into the kitchen to sit with his mother while he went to fetch a neighbour. David found his mother, Helen, sitting by the fireside, her face pale and expressionless, her clothes spattered with blood. He heard his father say something about 'the puir bairns', and Helen looked up and asked, 'Are they greeting?' Her husband replied that they 'would never greet again'. David's two-year-old sister Elizabeth and his two-month-old sister Jane lay in the bed that they had shared with their mother, their throats cut with a razor.<sup>1</sup>

Family and friends would testify to Helen's quiet nature and spoke of her kindness and affection towards her children and husband. Helen, then aged around thirty-seven, was a 'quiet decent woman, and usually rather shy'. Her two youngest children had apparently been her favourites. On the morning of 27 February, she had appeared 'dazed' and 'had a strange look in her eyes'. She had appeared to be quite unconscious of her actions, though witnesses also reported that she had given them a 'suspicious glance' or a 'sharp look', quite inconsistent with her previous habits and personality. A local doctor, John Anderson, observed that she was on that morning 'a most excitable nervous person, and far from robust', although she had never previously shown signs of insanity.<sup>2</sup>

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<sup>1</sup> 'The Monikie Murder Case.' *Dundee Courier & Argus*, 29 June 1875: 5.

<sup>2</sup> *Ibid.*

At her trial at the High Court of Justiciary in Edinburgh, John Anderson would declare that this was a case of ‘puerperal mania’, caused by the recent birth of Helen’s child, and two other doctors concurred that she had been ‘of unsound mind’ and ‘labouring under insanity’ at the time of the murders. The Solicitor General, while stating that it had been necessary to uncover all the facts of ‘this painful case’, saw no reason to address the jury, as he was confident that they would find the accused not guilty of murder on account of insanity. The foreman duly responded that the members of the jury felt that there was no point in retiring to consider their verdict. Helen was found not guilty of the charge of murder, and acquitted, though ordered to be ‘detained at the prison at Dundee until her Majesty’s pleasure be known’.<sup>3</sup> The proceedings had lasted just over three and a half hours.

This account of Helen’s trial is drawn from a report in a local newspaper, the *Dundee Courier & Argus*, although the trial was widely reported in similar terms in other newspapers. While undoubtedly dwelling on the tragedy of the case, the report also paints an intimate and sympathetic picture of a family living in close circumstances, where Helen’s husband, a farm labourer, shared a room with his two young sons while Helen slept in the kitchen bed with her daughters. The children that Helen was accused of killing were the youngest of seven. There appeared no doubt in the minds of the doctors, lawyers and jury members that the children had met their deaths at the hands of their mother, and that the ultimate cause was insanity caused by childbirth. The newspaper account invited an interpretation which both explained Helen’s actions and put them beyond her control.

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<sup>3</sup> National Records of Scotland (NRS) JC26/1875/333 Trial papers relating to Helen R--- R--- for the crime of murder at New Downie, Monikie parish, Forfarshire.

Despite the Solicitor General's reference to the uncovering all the facts, the proceedings at Helen's short trial left much unsaid and the result seems to have rested on an underlying unwillingness, in public discourse, to accept that mothers would deliberately murder their own infants - such actions ran contrary to contemporary shared beliefs about the beauty of motherhood and feminine virtues – and yet a willingness to believe in temporary madness caused by the stress of childbirth. The court did not consider, for example, the pragmatic advantages to be gained from having two fewer mouths to feed in a crowded home. Helen's character, outlined in newspaper accounts, was that of a respectable married woman, quiet and diligent in her habits.<sup>4</sup> The speed of the proceedings illustrates how willingly the puerperal insanity diagnosis was embraced in this child murder case from north-east Scotland in 1875.

The verdict did not, however, set Helen free, and her life would be governed by custodial care and observation for more than thirty years. Neither did it protect her from local gossip and the memory of the press. Fifteen years after the trial, a witness in an unrelated local poisoning trial caused 'a busy hum of conversation on all sides' as she took the stand. The *Courier* reported that the girl 'was unfortunate in possessing a name which ... staggered every pressman within the four walls of the Court,' her full name being very similar to Helen's. It is possible that Helen's name and her actions were remembered for some time.<sup>5</sup>

Cases such as Helen's were at the extreme end of the puerperal insanity diagnosis, and incidences of child murder were comparatively rare. Twenty years before Helen took a knife to her children's throats, a young woman from Glamis, some distance from Monikie, had been admitted to Dundee Lunatic Asylum 'in a state of anxiety, terror and

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<sup>4</sup> 'The Monikie Murder Case.' *Dundee Courier & Argus*, 29 June 1875: 5.

<sup>5</sup> 'The Alleged Poisoning Case.' *Dundee Courier & Argus*, 18 February 1891: 3.

abstraction,' also related to recent childbirth. Euphemia had given birth for the eighth time a few weeks earlier, though she denied ever having had any children. Since the birth, she had tried to commit suicide several times and 'manifested a disposition to injure her children.' Her diagnosis was rather vague, acknowledging the influence of malnutrition, exhaustion and the effects of menstruation on her general health.

Although Euphemia's condition was judged to have been aggravated by pregnancy, the underlying cause was ultimately deemed to be 'protracted menorrhagia' which had caused anaemia and general debilitation. While pregnancy and childbirth were implicated, and childbirth was noted in the asylum register as the cause of her illness, she was not specifically referred to as suffering from puerperal mania, even though the term was in widespread use in medical circles in the 1850s.<sup>6</sup>

Euphemia was discharged from the asylum after a stay of three months, having been treated with a nourishing diet and a course of stimulants and iron. Euphemia was in fact Helen's mother.<sup>7</sup> Her case lacks the sudden and brutal violence of her daughter's story, but is much more typical of women admitted to asylums suffering from postpartum mental disorder. While issues with mental health in the postpartum period were recognised in mid-nineteenth-century Scotland, most cases were far less dramatic and far less clear-cut than that of Helen in 1875, and fuzzy boundaries and vagueness were much more normal.

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<sup>6</sup> Dundee University Archives (DUA) THB 7/8/3/1; THB 7/8/3/3; THB 7/8/9/21.

<sup>7</sup> 'Euphemia Y----', *1841 Scotland Census*. Parish: Glamis, Angus, ED: 4; Page: 1; Line: 1103; Year: 1841; Birth index record for Helen R--- H----, 14 October 1838, *Scotland, Select Births and Baptisms 1564-1950*, FHL Film Number 993434; (NRS) AD 14/75/340: Precognition against Helen R---- R---- for the crime of murder at New Downie, Monikie parish, Forfarshire: 3.

*'A delirium without fever'*

Hilary Marland has described puerperal insanity as very much a 'product of the Victorian era'.<sup>8</sup> The subject of mental disturbances following childbirth had received little scientific attention prior to the nineteenth century, although the importance of providing a calm and settled environment for the labouring woman was recognised, as was the vulnerable state of women after delivery. Scottish obstetrician William Smellie, in 1752, wrote briefly of the 'passions of the mind' during labour and in the month following childbirth, and warned of the negative effects on the process of labour should a woman be disturbed with bad news or allowed to become dejected.<sup>9</sup> English man-midwife Thomas Denman noted in 1807 that 'all women soon after delivery are either more irritated, or more subject to irritation, than they perhaps are at any other time,' referring to 'that aberration of the mental faculties to which women may be subject following childbirth'. He described the condition as 'a delirium without fever,' to differentiate the condition from puerperal fever caused by infection during delivery, although in practice the difference was not always recognised.<sup>10</sup>

Obstetrician Robert Gooch was, however, in 1819 the first in Britain to use the term 'puerperal insanity' to describe mental derangement caused by pregnancy and childbirth.<sup>11</sup> In an address to the Royal College of Physicians of London,' he declared, '...it is well known that some women, who are perfectly sane at all other times, become deranged after delivery,' and he noted, 'the temper is sharp,' and 'her conduct and language becomes wild and incoherent and at length she becomes decidedly maniacal; it

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<sup>8</sup> Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004: 201.

<sup>9</sup> William Smellie. *A Treatise on the Theory and Practice of Midwifery, Vols. I*. D. Wilson, 1752: 401-2.

<sup>10</sup> Thomas Denman. *An Introduction to the Practice of Midwifery*. William Fessenden, 1807: 432; Susan Hogan, 'The Tyranny of the Maternal Body: Madness and Maternity,' *Women's History Magazine*, 54, Autumn (2006): 25.

<sup>11</sup> Marland, *Dangerous Motherhood*: 29.



is fortunate if she does not attempt her life before the nature of the malady is discovered.<sup>12</sup> Gooch was physician to two lying-in hospitals in London, and had witnessed first-hand the effects that childbirth could have on women's minds. He also had a successful practice in London, dealing mainly with obstetric work, and many of the cases which appeared in his treatises on the subject would be drawn from his private patients.<sup>13</sup> The cases he described in his writings illustrate middle-class fears of puerperal insanity as an unseen villain creeping by stealth into the bosom of the family.<sup>14</sup> English alienist John Conolly likewise commented in 1846:

Few cases can be supposed to occasion more distress in a family than the unexpected appearance of insanity in a young woman, just when she, her husband, her relatives and her friends are full of natural joy on account of her safely having become a mother.<sup>15</sup>

Conolly, expressing a largely bourgeois perspective, depicted puerperal insanity rather like an unwanted guest in what should have been a happy and harmonious household, striking at the heart of family life, and leading the devoted wife and mother to reject her natural role and become useless in performing her duties. These descriptions of absent-minded middle-class ladies losing interest in their households would seem to have had little in common with the hardships of Helen's life. As Hilary Marland has observed, many poor women were admitted to English pauper asylums such as Warwick County Asylum suffering from postpartum mental illness. These women were worn down by work and poverty, their susceptibility due to exhaustion, debility and the effects of prolonged breastfeeding.<sup>16</sup> Poor health before childbirth contributed to poor mental

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<sup>12</sup> Robert Gooch. 'Observations on Puerperal Insanity,' *Medical Transactions Presented by the College of Physicians in London*. Vol. 6 (1820): 263.

<sup>13</sup> Marland, *Dangerous Motherhood*: 30.

<sup>14</sup> Robert Gooch. *An Account of Some of the Most Important Diseases Peculiar to Women* (J. Murray, 1831): 110 – 11.

<sup>15</sup> Quoted in Hilary Marland, 'Disappointment and Desolation: Women, Doctors and Interpretations of Puerperal Insanity in the Nineteenth Century,' *History of Psychiatry*, 14 (2003): 311.

<sup>16</sup> Marland, *Dangerous Motherhood*: 143.

health in the months after delivery, and the effect on the wider family was no less significant. These observations will be developed further in this thesis, as the majority of women admitted to the asylums at Montrose and Dundee, and whose cases form the core material for this research, were admitted at a pauper rate.

### *Rejecting the maternal ideal*

Historians of mental health, such as Joan Busfield, have described madness as ‘an evaluative, socially constructed category with fluid, imprecise boundaries’, but with a ‘material base,’ around which our ‘mappings’ of its manifestations vary according to culture and time.<sup>17</sup> Many of the symptoms which postpartum women presented in the mid-nineteenth century are familiar to us today. A study by Rehman et al. in 1990 comparing twentieth-century postpartum women with nineteenth-century puerperal insanity patients found similar reported symptoms in each group, although symptoms in the nineteenth-century women were ‘more florid and more numerous’.<sup>18</sup> The puerperal insanity diagnosis, however, was not simply another term for what we now call postpartum depression or psychosis. Diseases, both mental and physical, are ‘complex cultural productions’ which ‘depend upon layers of interpretation being placed upon whatever underlying physiological and psychological disturbances give rise to them’ - what we consider to be insane behaviour changes and evolves, and how the ‘mad’ are dealt with fluctuates according to changing social and political structures.<sup>19</sup>

The diagnosis labelled ‘puerperal insanity’ or ‘puerperal mania’ came to be associated with a range of undesirable behaviours, from minor eccentricities, such as

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<sup>17</sup> Joan Busfield. ‘The Female Malady? Men, Women and Madness in Nineteenth Century Britain.’ *Sociology*, 28, no. 1 (1994): 261.

<sup>18</sup> A. U. Rehman, St Clair, D., Platz, C. ‘Puerperal Insanity in the 19<sup>th</sup> and 20<sup>th</sup> Centuries,’ *British Journal of Psychiatry*, 156 (1990): 863.

<sup>19</sup> Andrew Scull. *Hysteria: The Disturbing History*. Oxford University Press, 2009: 11.

talking too much, an inability to manage the household and a disinterest in children and family affairs, to more extreme behaviour, such as destructiveness and violence, inappropriate sexual behaviour, the use of obscene language, a complete rejection of home and family, suicide attempts and direct violence against husband, children and relatives – all violations of the middle-class maternal role and feminine ideal.

Motherhood held a position of particular reverence in middle-class Victorian society and discourse. Feminists such as Elaine Showalter have argued that women who rejected the maternal role, violent, murderous or otherwise, served to ‘violate all of Victorian culture’s most deeply cherished ideals of feminine propriety and maternal love’.<sup>20</sup> The feminine ideal centred on the passive and compassionate nature of the wife and mother at the centre of the family, which in turn reflected the ‘health of Victorian society’.<sup>21</sup> While these middle-class ideals had little relevance in the lives of women like Euphemia and Helen, such ideas nevertheless informed and structured nineteenth-century thoughts about postpartum mental illness, and were intrinsic in the creation of puerperal insanity.

### *Witnessing women’s lives through their experience of postpartum mental illness*

As we have seen from Euphemia’s case, the boundaries of the puerperal insanity diagnosis were selectively applied. Not all women showing delusional or irrational symptoms after childbirth were necessarily regarded as puerperal insanity patients, while others with few symptoms and minor ailments were. In some cases, faced with many variables, the label may have become a useful ‘catch-all phrase’ for busy asylum officials keen to add something to the register, and a convenient loophole to explain

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<sup>20</sup> Elaine Showalter. *The Female Malady: Women, Madness and English Culture, 1830 – 1980*. Virago, 1987: 58.

<sup>21</sup> Samantha Pegg. ‘‘Madness Is a Woman’’: Constance Kent and Victorian Constructions of Female Insanity.’ *Liverpool Law Review* 30, no. 3 (2009): 219.

wildly inappropriate behaviour in otherwise respectable and god-fearing women.<sup>22</sup> Conferring the puerperal insanity diagnosis was a complex issue shaped by social, cultural, legal and political forces. My previous research at Dundee suggested that the diagnosis was reserved for women who conformed to middle-class ideals, while officials prioritised other elements in the case notes of other women suffering similar symptoms.<sup>23</sup> By the late nineteenth century, the terms ‘puerperal insanity’ or ‘puerperal mania’ may have become widely known, but they were also selectively granted and came loaded with cultural and social values. And while treatises and papers on the subject appeared with regularity in the pages of nineteenth-century medical journals, the day-to-day business of the diagnosis, care and treatment of postpartum women in the country’s asylums may have been rather more rough-and-ready than anything that the elite of the profession could imagine.

By no means all women who suffered from some form of mental illness during pregnancy and childbirth would have been admitted to an asylum, nor did they commit a crime which required judicial intervention. Comments and discussion emerge from asylum records, court documents and newspaper reports, and perhaps very rarely in private correspondence, but examination of these sources reveals potentially only a very small part of the picture. The generally temporary nature of the condition meant that it would often have been dealt with at home, or overlooked and unnoticed, slipping by as atypical but not unduly worrying behaviour. Even in the case of more severe attacks, while more affluent families had better resources to care for a woman at home, perhaps with discreet medical help, poorer families would most likely have tried to cope by themselves. Cases of mental illness would only therefore be documented at all when

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<sup>22</sup> Hogan, ‘The Tyranny of the Maternal Body’: 21.

<sup>23</sup> Morag Allan Campbell. ‘Noisy, Restless and Incoherent’: Puerperal Insanity at Dundee Lunatic Asylum.’ *History of Psychiatry* 28, no. 1 (March 2017): 44–57.

the problem had escalated in some way to involve authorities, either medical, criminal or judicial. The documentation of those cases, however, does offer a rich resource which makes it possible to explore women's pathways to and from the asylum, their treatment within the asylum, and the attitudes of their families, friends and physicians.

This thesis examines the ways in which officials, physicians and families tried to understand and treat postpartum mental illness in one particular Scottish region, that of Dundee, Forfarshire and Fife, during the course of the nineteenth and into the twentieth century. The bulk of published work on the topic has examined puerperal insanity in Victorian England and late nineteenth-century America. There has been little research on postpartum mental illness in Scotland, other than research drawn from the records of the Royal Edinburgh Asylum. This is the first study into the puerperal insanity diagnosis and nineteenth-century postpartum mental health in the north-east of Scotland. Rather than simply examining where Scotland fits into an English picture, however, the purpose of this thesis is to take the debate in a different direction, developing our understanding of the treatment of postpartum women in the nineteenth century. By investigating the perceptions and attitudes towards postpartum mental illness among women, their families, their doctors and a network of healthcare providers at a local level, the thesis will not only add a Scottish dimension to an Anglo-centric historiography but will do so through a focus on women's lives and experiences.<sup>24</sup>

That many women would have experienced mental disorder following childbirth is not in doubt - how far this was accepted and supported by families, neighbours, friends and authorities is a matter which changed over time and varied between different

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<sup>24</sup> The historical and historiographical specificities of mental healthcare and psychiatry in Scotland will be examined in Chapter One.

communities and among different agencies and stakeholders. The underlying purpose of the thesis is to uncover the lived experiences of ordinary women at this time, revealing their access to useful healthcare and the possibilities for care and treatment. In essence, the thesis steps aside from debates about the use of the puerperal insanity diagnosis to examine women's lives, wellbeing and healthcare during this period, seen in relation to the processes of pregnancy and childbirth.





Figure P:1 Map showing Montrose and Dundee, Kincardineshire, Forfarshire and Fife (illustration author's own)





## Introduction

### *Histories of psychiatry and women's health*

Despite Roy Porter's call for a patient-centred view of medical history, the history of the patient in many ways remains unexplored.<sup>1</sup> Porter, in 1985, advocated a move away from 'physician-centred' accounts of medical history, pointing out the marginal involvement of doctors and physicians in ordinary people's healthcare and wellbeing. He commented that 'it takes two to make a medical encounter', or indeed 'it often takes many more than two, because medical events have frequently been complex social rituals involving family and community as well as sufferers and physicians'.<sup>2</sup> Furthermore, the balance of power has through history more often been in the hands of the sufferer rather than the physician, making a doctor-centred history of medicine problematic. Heavily influenced by E. P. Thompson, Porter's ideas sought to bring 'history from below' to the medical world, to develop a new history of medicine based on the experience of the patient.<sup>3</sup>

The study of the history of psychiatry has long been something of a battleground of opposing ideologies, ranging from a triumphalist narrative charting the progress of the psychiatric profession, largely put forward in 'potted histories' by clinicians turned historian, to psychiatry as a form of sinister social control, and 'a calamity for the mad'.<sup>4</sup> The subject has proved to have an enduring fascination, with social and

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<sup>1</sup> Alexandra Bacopoulos-Viau and Aude Fauvel. 'The Patient's Turn. Roy Porter and Psychiatry's Tales, Thirty Years on,' *Medical History*, 60 (2016): 1

<sup>2</sup> Roy Porter. 'The Patient's View: Doing Medical History from Below,' *Theory and Society*, 14 (1985): 175.

<sup>3</sup> Bacopoulos-Viau and Fauvel, 'The Patient's Turn': 4.

<sup>4</sup> Allan Beveridge. 'Reading about ... The History of Psychiatry'. *The British Journal of Psychiatry* (2012) 200: 431; R. A. Houston. 'A Latent Historiography? The Case of Psychiatry in Britain, 1500–1820'. *The Historical Journal* 57, no. 1 (2014): 291.

intellectual historians contributing as much as historians of science and medicine.<sup>5</sup>

Recent research has questioned ideas about the role of urbanization in the rise of the asylum, the influence of the medical men in driving change, and indeed the dominance of the asylum as locus of care.<sup>6</sup>

Historical research in the field of women's health has in addition been conducted in a value-laden and highly charged arena where attempts to bring women's history into mainstream discussion were largely dominated by theories of patriarchal social control and ideas surrounding female agency. A recent focus on female madness and the relationship between women and the psychiatric profession, Nancy Tomes has claimed, was 'intimately related to the late twentieth-century rebirth of feminism as a political and intellectual movement'.<sup>7</sup> Earlier 'whiggish' accounts of the history of psychiatry, largely driven by the psychiatric profession itself, had tended to portray a narrative of scientific progress in which women appeared to play little part. The move towards social history in the late twentieth century was to a certain extent motivated by the desire of feminists to redress this imbalance. Feminist writers became increasingly evident in the field of history, a traditionally male-dominated domain, in the early 1970s. This movement challenged the progress narrative, bringing the relationship between women and the mind doctors under the spotlight. Challenges to traditional male-dominated histories of psychiatry were evident in feminist manifestos as early as Simone de Beauvoir's *The Second Sex* (1949), and Betty Friedan's *The Feminine Mystique* (1963). References to 'the pernicious influence of psychiatry' in these

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<sup>5</sup> Houston, 'A Latent Historiography?': 289.

<sup>6</sup> Jonathan Andrews. 'The Rise of the Asylum in Britain,' in *Medicine Transformed: Health, Disease and Society in Europe 1800- 1930*, ed.. Brunton, Deborah. Manchester University Press, with the Open University, 2004: 298 - 329.

<sup>7</sup> Nancy Tomes. 'Feminist Histories of Psychiatry.' In *Discovering the History of Psychiatry*, ed. Mark Micale and Roy Porter. Oxford University Press, 1994: 376.

manifestos were taken up by later writers such as Germaine Greer.<sup>8</sup> These perspectives, while crucial in opening up a conversation about the relationship between women and psychiatry, and indeed with mental illness, would nevertheless receive much criticism.

*Feminist influences on the study of women and mental illness*

A key theme in feminist literature on women and madness of the 1970s and 1980s saw psychiatry as an instrument for the social control of women, a system of patriarchal power through which women who deviated from defined societal roles were labelled as mentally ill.<sup>9</sup> Germaine Greer, in *The Female Eunuch*, published in 1970, described the psychiatric profession as a confidence trick which offered to help the frustrated and unfulfilled woman but in fact trapped her in her own neurosis.<sup>10</sup> In the highly influential *Women and Madness*, first published in 1972, Phyllis Chesler described the gendered nature of norm violations in relation to mental health.<sup>11</sup> In Chesler's view, both close conformity to gender stereotypes and departure from those roles could result in psychiatric labelling, with women more at risk than men of being labelled mentally unstable and treated unfavourably.<sup>12</sup> Chesler noted that women who embraced the passive norm risked being seen as 'neurotic', while those did not conform to the female role alarmed themselves and others, and similarly risked labelling.<sup>13</sup> The very nature of the devalued female role, which required submissiveness and dependency, ran contrary to real lives, and therefore placed women in an impossible situation.

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<sup>8</sup> Tomes, 'Feminist Histories of Psychiatry': 351.

<sup>9</sup> Nicola Wright and Sara Owen. 'Feminist Conceptualizations of Women's Madness: A Review of the Literature'. *Journal of Advanced Nursing*, 36, no. 1 (2001): 144 - 5.

<sup>10</sup> Tomes, 'Feminist Histories of Psychiatry': 353.

<sup>11</sup> *Ibid.*: 354 - 5.

<sup>12</sup> Wright and Owen, 'Feminist Conceptualizations': 147.

<sup>13</sup> Phyllis Chesler. *Women and Madness*. Palgrave Macmillan, 1997: 116.

Ann Douglas Wood, in her exploration of ‘fashionable diseases’, described how the highly-restricted lives of nineteenth-century middle-class ladies drove them into nervous complaints. Their doctors, ignorant of the actual causes of their complaints, responded with a range of ‘painful and often fruitless’ treatments which were highly reflective of their social and cultural biases.<sup>14</sup> The physicians’ claims to expertise and authority allowed them to deliver ‘value laden responses’ which had little or nothing to do with medical knowledge.<sup>15</sup> This again underlined a position in which women became trapped in a ‘complicated if unacknowledged psychological warfare’, even when conforming to expectations of the female role.<sup>16</sup>

Elaine Showalter’s claim that madness is a ‘female malady’ has had an enduring appeal and retains a central place in feminist theories on women and madness.<sup>17</sup> Showalter’s ideas, which grew out of Chelser’s themes, traced cultural depictions of madness and its evolution into a female condition.<sup>18</sup> Showalter claimed that, from the eighteenth century, cultural representations of madness took on the shape of female stereotypes, such as romantic suicidal Ophelia, or crazy Kate or Jane, and images of the madwoman gradually replaced those of the repulsive madman.<sup>19</sup> Thus the concept of insanity itself increasingly became more feminine. Showalter’s claims however have been criticised for ignoring male representations of madness that were still very much in

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<sup>14</sup> Ann Douglas Wood, ‘The Fashionable Diseases’: Women’s Complaints and Their Treatment in Nineteenth-Century America’. *The Journal of Interdisciplinary History* 4, no. 1 (1973): 33.

<sup>15</sup> *Ibid.*: 66.

<sup>16</sup> *Ibid.*: 33.

<sup>17</sup> Elaine Showalter. *The Female Malady: Women, Madness and English Culture, 1830 – 1980*. Virago, 1987.

<sup>18</sup> *Ibid.*: 5.

<sup>19</sup> *Ibid.*: 8.

evidence throughout the nineteenth century, such as the mad genius and the criminal lunatic.<sup>20</sup>

Such works were important because they challenged the authority of experts and outlined the ways in which psychiatrists supported conservative views about male and female roles in society.<sup>21</sup> They drew attention to the power dynamics at work in the doctor/patient relationship and questioned the narrative of scientific progress. However, not all feminist historians viewed the patriarchal control approach as useful. Regina Morantz, for example, writing in 1974, saw the ignorance of doctors as affecting men and women equally, and viewed the idea of male domination as ‘a sterile and tedious line of enquiry’.<sup>22</sup> Critics have furthermore pointed out that a crucial flaw in the ‘psychiatry as social control’ argument is that it effectively means that women are both oppressed into mental illness, and wrongly labelled as mad.<sup>23</sup> Hilary Allen regarded the ideas of feminists such as Chesler as fundamentally unhelpful, claiming feminists would be better served by ‘taking psychiatry as an ally rather than an enemy,’ an approach which would allow the underlying issues which disadvantaged women to be addressed.<sup>24</sup> While many observers have viewed psychiatry as itself fundamentally flawed, to see the psychiatric professional purely as a patriarchal arm of social control may in fact limit the scope for positive intervention in the lives of women.

More recent studies of women and madness have effectively moved away from the ‘victimization model’ towards a ‘more complicated and less villainous’ view of

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<sup>20</sup> Joan Busfield, ‘The Female Malady? Men, Women and Madness in Nineteenth Century Britain.’ *Sociology* 28, no. 1 (February 1, 1994 1994): 272 – 3.

<sup>21</sup> Tomes, ‘Feminist Histories of Psychiatry’: 352.

<sup>22</sup> *Ibid.*: 357.

<sup>23</sup> Joan Busfield. ‘Mental Illness as Social Product or Social Construct: A Contradiction in Feminists’ Arguments?’ *Sociology of Health & Illness* 10, no. 4 (1988).

<sup>24</sup> Hilary Allen. ‘Psychiatry and the Construction of the Feminine’. In *The Power of Psychiatry*, ed. Peter Miller and Nikolas Rose. Polity Press, 1984: 109.

medicine.<sup>25</sup> Nancy Theriot suggested that, rather than being ‘victims’ of medical science, women in fact play an active role in definitions and diagnosis, and that women patients, and indeed women physicians, are actively engaged in the process of ‘medicalizing women’.<sup>26</sup> She argued that women themselves actively construct unfeminine behaviour as problematic and insanity as linked to women’s reproductive organs.<sup>27</sup> In this scenario, women cease to be ‘passive victims’ of the psychiatric system and become ‘partners in the construction’ of their own disease. Such approaches, focussing on the meaning of women’s behaviour, have been very important in suggesting a degree of agency and rebellion on the part of the women, which is in turn sanctioned by the medical practitioner.<sup>28</sup> Theories of female agency, however, also suggest a perception of the behaviours and symptoms of madness as voluntary actions.<sup>29</sup> Collectively, such theories tend to ignore the basic material reality of mental illness, focussing on the social construction of illness and neglecting any biological element.

Early histories of psychiatry were whiggish, dominated by male practitioners and rightly criticised for being patriarchal. By contrast, the feminist discourse created women as victims, both oppressed into madness and labelled as mad. More recently, scholars have sought to reassert women’s agency in the construction of mental health. However, such approaches play down or ignore any basic clinical foundation for mental illness. My research acknowledges the underlying physical aspect of mental illness and examines the ways in which diagnosis and treatment have been layered with collective understandings. My approach in this thesis veers away from representing mental illness

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<sup>25</sup> Nancy M. Theriot. ‘Women’s Voices in Nineteenth-Century Medical Discourse: A Step Toward Deconstructing Science’. *Signs* 19, no. 1 (1993): 1.

<sup>26</sup> *Ibid.*: 2.

<sup>27</sup> *Ibid.*: 24.

<sup>28</sup> Nancy M. Theriot. ‘Diagnosing Unnatural Motherhood Nineteenth-Century Physicians and ‘Puerperal Insanity’’. *American Studies* 26 (1990): 81.

<sup>29</sup> R. A. Houston. ‘Madness and Gender in the Long Eighteenth Century’. *Social History* 27, no. 3 (2002): 310.

either a means of repression or as a form of rebellion to demonstrate how the experience of mental illness is influenced and negotiated by families and communities as much as by practitioners and institutions.

### *Gender and mental health*

The concept that women occupy ‘a unique place in the annals of insanity’ has remained prevalent, with women seen as more likely to be diagnosed with and treated for psychiatric disorders, both historically and in the present day.<sup>30</sup> A central theme of Elaine Showalter’s work is her claim that, during the late eighteenth and early nineteenth centuries, asylums became increasingly populated with women. By the end of the nineteenth century, women had ‘taken the lead as psychiatric patients’, and would maintain that lead to the late twentieth century.<sup>31</sup> In a 1987 review of Showalter’s *The Female Malady*, Andrew Scull noted, ‘the assertion that our culture views the female of the species as more prone to irrationality and mental imbalance is not without foundation’. While acknowledging that women generally did outnumber men in nineteenth-century asylums, Scull went on to point out that this was not ‘in such gross disproportion’ to be able to call mental disorder a particularly female problem.<sup>32</sup> Joan Busfield furthered the point made by Scull, showing that asylum statistics did not take into account the relative numbers of men and women in the wider population, and that the statistics in question measured residency rather than admissions. These are significant points, as the greater life expectancy of women led to an ‘accumulation’ of female patients in nineteenth-century asylums: this is a factor still evident in psychiatric

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<sup>30</sup> Jane M. Ussher. *The Madness of Women: Myth and Experience*. Routledge, 2011: 1.

<sup>31</sup> Showalter, *The Female Malady*: 52.

<sup>32</sup> Andrew Scull. ‘Dazeland.’ Review of *The Female Malady: Women, Madness and English Culture 1830-1980*, by Elaine Showalter’. *London Review of Books* 9, no. 19 (1987): 14 – 15.



facilities in the present day.<sup>33</sup> Busfield concluded, ‘the picture we can identify is not one of an increasing feminisation of madness in the nineteenth century, but of an increasing diversification of medical categories of madness in which assumptions of gender are embedded’.<sup>34</sup>

While institutional statistics have tended to demonstrate larger numbers of women in asylums and accessing mental health services, the situation is a great deal more nuanced than has been popularly claimed – much depends on the methods used to define psychiatric conditions and the nature of the symptoms observed and quantified.<sup>35</sup>

Psychiatry today offers a wider range of diagnoses and disorders, the result of ‘changing constructions and measures of mental disorder’, which has altered the gender distribution in the diagnosis of mental illness and created ‘a more even gender balance’.<sup>36</sup> Indeed, a recent study of census data has suggested that, at the end of the twentieth century, men were outnumbering women in mental health institutions, and that, although there was a female dominance in the statistics for most of the century, the shift towards a majority of male patients had begun as early as the 1950s.<sup>37</sup>

Approaches which concentrate on women rather than gender may obscure rather than clarify the influence of gender in the diagnosis and treatment of women’s madness.<sup>38</sup> Equally important, the recent body of work into men and masculinity has contributed to the scholarship and provided a more even approach to the subject of gender differences

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<sup>33</sup> Busfield, ‘The Female Malady?’: 264.

<sup>34</sup> *Ibid.*: 276.

<sup>35</sup> Allen, ‘Psychiatry and the Construction of the Feminine’: 85; Joan Busfield. ‘Gender and Mental Health.’ In *The Palgrave Handbook of Gender and Healthcare*, ed. Ellen Kuhlmann and Ellen Annandale. Palgrave Macmillan, 2012: 192 - 208.

<sup>36</sup> Busfield, ‘Gender and Mental Health’: 192.

<sup>37</sup> Pauline M. Prior, and Bernadette C. Hayes. ‘Changing Places: Men Replace Women in Mental Health Beds in Britain’. *Social Policy & Administration* 35, no. 4 (2001): 407.

<sup>38</sup> Busfield, ‘The Female Malady?’: 259.

in mental health.<sup>39</sup> In her study of the ‘nervous breakdown’ in Victorian England, Janet Oppenheim considered both men and women. She stated that the nervous breakdown ‘respected no barriers of class, age or gender,’ and that ‘shattered frames were just as likely to belong to men as to women.’<sup>40</sup> Madness was neither exclusively feminine, nor masculine, and while men and women were traditionally seen to suffer from different diseases, these boundaries were by no means immovable.

Clearly puerperal insanity, a diagnosis which is related to pregnancy, childbirth and breastfeeding, cannot be applied to male patients, but the observation of the symptomatology of mental disorder is ‘influenced, in ways both gross and subtle, by questions of sexuality and gender’.<sup>41</sup> The subject of postpartum mental health in the nineteenth century offers the opportunity to explore the medical, social and ideological implications of a form of mental illness tied to a particular biological event, and to uncover the layers of meaning attached to its associated behaviours and understandings. This thesis examines women and an essentially female condition, and as such is a contribution to the study of women’s history; however, the diagnosis is considered within the wider context of contemporary discourse, remaining conscious that both men and women were constrained by social roles and societal expectations, and taking into account the ‘gendered landscape’ of mental disorder.<sup>42</sup>

#### *Puerperal insanity: key studies and theories*

Mental illness following childbirth has a long history, yet in the twentieth century the subject largely slipped from medical discourse. The relative prominence of puerperal

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<sup>39</sup> Busfield, ‘Gender and Mental Health’: 205.

<sup>40</sup> Janet Oppenheim. “*Shattered Nerves*”: *Doctors, Patients, and Depression in Victorian England*. New York: Oxford Scholarship Online, 2011: 141.

<sup>41</sup> Scull, ‘Dazeland’: 14 -15.

<sup>42</sup> Busfield, ‘Gender and Mental Health’: 196.

insanity in nineteenth-century literature raises the question of how commonplace the diagnosis was in everyday healthcare, and what the idea of puerperal insanity meant to ordinary people. The subject of puerperal insanity has been most extensively researched by Hilary Marland, whose principal focus was on the frequency and prevalence of the diagnosis from the death of Princess Charlotte Augusta in 1817 to the turn of the twentieth century.<sup>43</sup> Marland's knowledge of the history of midwifery influenced an approach which located postpartum illness within practices related to pregnancy and childbirth, and she viewed the defeminisation of midwifery practices and the growth of medicalisation as intrinsic to the growth of the diagnosis. While her study engaged with previous feminist work on women and madness, particularly noting Elaine Showalter's ideas on madness as a female malady, she claimed that physicians were more inclined to see women as 'individuals with individual problems rather than a homogenous group of the susceptible', and she questioned Showalter's oversimplification of the doctor-patient relationship.<sup>44</sup>

Fundamentally, Marland claimed that the puerperal insanity diagnosis was a product of the nineteenth century and she drew a distinction between this and other understandings before and after this period – earlier manifestations of postpartum mental disturbances, she argued, were interpreted in a different way, with different

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<sup>43</sup> Hilary Marland. 'Destined to a Perfect Recovery': The Confinement of Puerperal Insanity in the Nineteenth Century'. In *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective*, ed. Joseph Melling and Bill Forsythe, 137 – 56. Routledge, 1999; Hilary Marland. 'At Home with Puerperal Mania; The Domestic Treatment of the Insanity of Childbirth in the Nineteenth Century.' In *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, ed. Peter Bartlett and David Wright., 45 - 65. Athlone Press, 1999; Hilary Marland. 'Getting Away with Murder? Puerperal Insanity, Infanticide and the Defence Plea.' In *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550 – 2000*, ed. Mark Jackson, 168 - 92. Ashgate, 2002; Hilary Marland. 'Maternity and Madness: Puerperal Insanity in the Nineteenth Century,' in Seminar: In collaboration with the Department of Nursing, University of Manchester (UK Centre for the History of Nursing and Midwifery, University of Manchester: 2003); Hilary Marland, 'Disappointment and Desolation: Women, Doctors and Interpretations of Puerperal Insanity in the Nineteenth Century,' *History of Psychiatry*, 14 (2003); Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004; Hilary Marland. 'Under the Shadow of Maternity: Birth, Death and Puerperal Insanity in Victorian Britain,' *History of Psychiatry*, 23 (2012).

<sup>44</sup> Marland, *Dangerous Motherhood*: 141.

outcomes and with different meanings.<sup>45</sup> The specific diagnosis of puerperal insanity emerged from Victorian ideals and values, and the pursuit of perfect womanhood. Marland's social constructionist approach therefore placed puerperal insanity and its associated symptoms at the intersection of the biological and the social. The relatively short life span of the diagnosis, and its representation as being so disruptive to Victorian beliefs and values, underlines its significance in the study of this period.<sup>46</sup> The condition was 'given spin' and brought into existence in the early nineteenth century and classified back out by the end of the 1900s.<sup>47</sup> Marland's approach, recognising puerperal insanity as an observable and recurrent condition framed within a set of understandings governed by social and cultural values, has informed the analysis of the postpartum women and institutions studied in my thesis. My thesis supports her view that the condition existed as a nineteenth-century phenomenon, though highlights specific local patterns in the use of the diagnosis.

Hilary Marland's data is mostly drawn from asylum patients in the Royal Edinburgh Asylum and the Warwick County Lunatic Asylum. She noted also that the asylum was by no means the only locus of care for puerperal insanity patients, and she also explored the alternative and often preferable arrangements sought by families and physicians.<sup>48</sup> Marland's work focussed on the 'ambiguity and tension' faced by women who, in conforming to society's ideals, found themselves in a situation that nevertheless led to disorder and disease.<sup>49</sup>

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<sup>45</sup> Marland, *Dangerous Motherhood*: 4.

<sup>46</sup> Kristine Swenson. 'Dangerous Motherhood: Insanity and Childbirth in Victorian Britain (Review)', *Bulletin of the History of Medicine*, 81 (2007): 455.

<sup>47</sup> Marland, *Dangerous Motherhood*, 28; 203.

<sup>48</sup> Marland, 'At Home with Puerperal Mania.'

<sup>49</sup> Catharine Coleborne. 'Dangerous Motherhood: Insanity and Childbirth in Victorian England,' *Social History of Medicine*, 18 (2005): 513.

Previous to Marland's work, there had been little academic work on the subject of puerperal insanity.<sup>50</sup> American feminist Nancy Theriot's work on the subject had concentrated on the discourses embedded in the doctor/patient relationship, leading to an interpretation of the illness as the product of a partnership between doctor and patient in which each party negotiated their part in the process and gained something from the interaction. This view reflected her wider view on women's role in the construction of their own diseases.<sup>51</sup> Nancy Theriot interpreted puerperal insanity as a way in which women took control of a situation over which they had no power, and the physician's validation of her actions and behaviours as disease allowed her a respite from the confines and stresses of her life. In Theriot's opinion, puerperal insanity ceased to exist when constraints changed and the diagnosis was no longer required. Theriot insisted that puerperal insanity should not be seen as a 'real disease', misunderstood and now properly defined, but rather as a set of practices and understandings which served a specific purpose within a certain place at a certain time, and a more constructive perspective would be to consider 'the meaning of the behaviour within the context of women's lives.'<sup>52</sup>

Two contrasting yet complementary viewpoints have provided further insights into the condition in an English context. Lisa Ellen Nakamura's 1999 thesis drew mainly on research into the asylums of Ticehurst and Hanwell in south-east England between 1820 and 1895, and focussed on 'the complexity of Victorian psychiatry.'<sup>53</sup> Catherine Quinn's 2003 study looked at puerperal insanity in the asylums of Devon and Exeter between 1860 and 1922, and concentrated more on social aspects, seeking to 'explore

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<sup>50</sup> Marland, *Dangerous Motherhood*: 6.

<sup>51</sup> Theriot, 'Women's Voices': 2.

<sup>52</sup> Theriot, 'Diagnosing Unnatural Motherhood': 70; 72.

<sup>53</sup> Lisa Ellen Nakamura. 'Puerperal Insanity. Women, Psychiatry and the Asylum in Victorian England 1820 – 1895' (unpublished PhD thesis, University of Washington, 1999): Abstract.

the role that puerperal insanity played not only in medical thought but also in social debates and its impact on the communities in which it occurred.<sup>54</sup> Quinn's examination of a mix of pauper, charitable and private asylums allowed a discussion of the diagnosis across different classes and social backgrounds.<sup>55</sup> Furthermore, Quinn's thesis reached the conclusion that 'puerperal insanity was a consequence of trying to uphold middle-class ideals of maternity,' a diagnosis reserved for married women who conformed rather than women who 'deviated from the boundaries' of motherhood.<sup>56</sup> This conclusion has particular significance when examining women who could not be described as middle class, and yet were subject to a diagnosis of puerperal insanity, as is the case in this thesis.

Most recently, scholarly research on puerperal insanity has tended to be contained within literature on the subject of infanticide, within a focus on the use of the insanity defence, including specific reference to puerperal insanity, in child murder cases, expanding on Marland's work on this subject.<sup>57</sup> Revisiting research from her 1985 thesis, Shelley Day Sclater has looked at the diagnosis from a sociological point of view, examining the social factors involved in the appearance of the diagnosis with particular reference to infanticide trials from that period.<sup>58</sup> Elaine Farrell, in her study of infanticide in Ireland in the second half of the nineteenth century, has noted that 'child murder was most frequently, although not exclusively, associated with puerperal insanity'.<sup>59</sup> Anne-Marie Kilday claimed that, during the nineteenth century, puerperal insanity 'came to dominate defence tactics in British courtrooms' and became the most

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<sup>54</sup> Catherine Louise Quinn. 'Include the Mother and Exclude the Lunatic: A Social History of Puerperal Insanity c. 1860 – 1922' (unpublished PhD thesis, University of Exeter, 2003): 14.

<sup>55</sup> *Ibid.*: 118 – 135.

<sup>56</sup> *Ibid.*: 154.

<sup>57</sup> Marland, *Dangerous Motherhood*, 135 – 200; Marland, 'Getting away with murder?'

<sup>58</sup> Shelley Day Sclater. 'Infanticide and Insanity in 19<sup>th</sup> Century England'. In Ebtehaj, Fatemeh. *Birth Rites and Rights*. Hart Pub., 2011.

<sup>59</sup> Elaine Farrell, "'A Most Diabolical Deed': Infanticide and Irish Society 1850 – 1900'. University of Manchester Press, 2013: 95.

readily used defence in cases of murder of newborn babies. Such research has demonstrated that the puerperal insanity defence represented a ‘refined form’ of the M’Naughton rules, which saw culpability in murder cases as resting on the capacity of the perpetrator to understand the ‘wrongfulness’ of their actions, a capacity which would be affected in newly or recently delivered mothers by the ‘frenzy or impulse to kill.’<sup>60</sup> Such an interpretation defined infanticide as a medical issue rather than a criminal one, related to women’s inherent weaknesses.<sup>61</sup>

In Annie Cossins’ recent study of female criminality in England and Wales in the nineteenth century, a study which adopts a ‘sexed bodies’ approach to the subject, the author sees puerperal insanity as part of the medicalisation of the female condition, noting that the condition represented a ‘catch-all phrase for a variety of ‘unfeminine’ responses to childbirth, and citing medicalisation as a form of ‘moral regulation.’<sup>62</sup> Catherine Quinn’s study of the ‘images and impulses’ of puerperal insanity noted that it was readily accepted that women who had become ‘deranged’ and killed their infants may have no memory of the event, often, like Helen R, whose case was explored in the Preface to this thesis, being discovered with their clothes stained with blood. This was seen as further proof of the woman’s damaged state of mind and allowed a ‘reconciliation of the contrasting images of mother and lunatic.’<sup>63</sup>

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<sup>60</sup> Anne-Marie Kilday. *A History of Infanticide in Britain, c. 1600 to the Present*. Palgrave MacMillan, 2013: 170.

<sup>61</sup> *Ibid.*: 181.

<sup>62</sup> Annie Cossins. *Female Criminality: Infanticide, Moral Panics and The Female Body*. Palgrave MacMillan, 2015: 7; 180; 199.

<sup>63</sup> Catherine Quinn. ‘Images and Impulses: Representations of Puerperal Insanity and Infanticide in Late Victorian England.’ In *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550 – 2000*, ed. Mark Jackson. Ashgate, 2002: 214.

Histories of infanticide chart changing attitudes to the crime reflected in changing legislation, and a shift in perception of the infanticidal mother from ‘demon to victim.’<sup>64</sup> The puerperal insanity defence supported the woman as victim approach, and ‘provided an explanation for a crime that some deemed to be incomprehensible.’<sup>65</sup> Unlike other forms of insanity, which were considered long term conditions and potentially dangerous, puerperal insanity sufferers could not only ‘side step execution’ but be discharged within weeks if they showed no further symptoms.<sup>66</sup> Samantha Pegg, in a study of the attitudes to the female insanity defence, has noted how readily nineteenth-century courts were to accept the insanity defence in the case of female killers; indeed, she suggests that it was essentially a defence readily applied to those suffering from ‘being female.’<sup>67</sup> Its use not only meant the difference between life and death for the accused, it also provided an explanation for the crime of infanticide and indeed the wider issue of the woman’s rejection of the maternal role. While adopting different approaches, studies of infanticide underline the usefulness of the puerperal insanity diagnosis as a tool for different purposes. In addition, these studies bring research into puerperal insanity out of the asylum and have the potential to provide insight into women’s lives and practices.

Puerperal insanity as a diagnosis has been regarded as having largely fallen from use by the end of the nineteenth century, but the universality of its demise across different areas has also been questioned. Recently, in an examination of a group of women committed to the Royal Melbourne Reception House in Victoria, Australia, between

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<sup>64</sup> Lynn Abrams. ‘From Demon to Victim: The Infanticidal Mother in Shetland, 1699 – 1899.’ In *Twisted Sisters: Women, Crime and Deviance in Scotland since 1400*, ed. Yvonne Galloway Brown and Rona Ferguson. Tuckwell Press, 2002: 180.

<sup>65</sup> Farrell, ‘*A Most Diabolical Deed*’: 95.

<sup>66</sup> *Ibid.*: 104.

<sup>67</sup> Samantha Pegg. ‘‘Madness Is a Woman’’: Constance Kent and Victorian Constructions of Female Insanity.’ *Liverpool Law Review* 30, no. 3 (2009): 212.



1920 and 1936, Alison Watts noted that the term ‘puerperal insanity’ was still in common usage in this Australian setting well into the twentieth century. Watts suggested that a social context still existed in this area during that period where women ‘continued to be caught in nineteenth-century gendered power relations in both the patriarchal nature of families, psychiatry and medicine’, with the result that nineteenth-century ideas about women’s diseases remained influential on diagnosis and treatment of mental illness long into the next century.<sup>68</sup>

Taken together, the current consensus from the work reviewed above is that historical studies of mental illness following childbirth should be situated at the intersection of the biological and the social, a condition with a visible physical basis but with boundaries influenced by contemporary values and understandings. The specific term ‘puerperal insanity’ has been described as a way in which doctors and courts chose to categorise and deal with a range of symptoms and unacceptable behaviours that sat uncomfortably with a society which valued so fundamentally and publicly the woman’s role as mother and caregiver. It served to explain the inexplicable, and was bestowed by doctors and lawyers in asylums, or perhaps private consultations, and courtrooms.

If we accept a physiological basis for mental illness, rather than the idea of a purely social construct, then consequently all women who bore children were at risk of mental illness; or at least, mental illness was as liable to occur at that point in their lives as to any other woman, regardless of social circumstance, cultural belief or historical period. The puerperal insanity diagnosis itself has been viewed in existing studies as based on the middle-class values and ideas surrounding motherhood, womanhood and the feminine ideal. These themes will be explored in the course of this thesis,

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<sup>68</sup> Alison Watts. ‘Maternal Insanity in Victoria, Australia: 1920 - 1973’ (unpublished PhD thesis, Southern Cross University, 2015): ii - iii.

acknowledging the physical basis for mental illness while examining the layers of meaning applied in the creation of both medical knowledge and lay understandings. The diagnosis may moreover have been at odds with the experiences and understandings of women whose lives did not revolve around middle class ideals and social structures, as was the case for many of the women whose lives this thesis examines, and the ways in which this impacted on diagnosis and treatment will be examined throughout.

### *Project Aims*

My project takes as its basis a specific geographic area, focussing on women in Dundee, Fife and Forfarshire in the nineteenth century and into the twentieth century, and more specifically between 1820 and 1930. These geographical boundaries have been set by the position of the two asylums which served the area – Montrose, in the north, and Dundee, to the south. To my knowledge, this is the first research undertaken on this subject in this geographical area. Taking a regional approach to the study of puerperal insanity has allowed me to develop a fine-grained knowledge of the practices and beliefs particular to this area and this time period which determined the landscapes of care during this period. Where relevant, the thesis examines the similarities and differences between this area and other communities through comparison with previous local studies such as those of Marland, Quinn and Nakamura. In order to evaluate the women's experience of mental illness, the thesis examines the context in which the women lived their lives, and the ideas and values which informed medical and healthcare practices and governed patient experiences. The geographical area chosen, in addition to the fact that these asylums would have catered for all classes of women,

poor and affluent, means that the thesis will consider women from diverse social and cultural backgrounds – urban and rural, farming and fishing, industrial and agricultural.

This thesis explores the ideas surrounding insanity and childbirth among women of different social and cultural backgrounds and assesses the impact of different ideas on women's interpretation of childbirth and mental illness. In addition to examining the public, legal and medical discourses surrounding the subject, the thesis considers the stories told in communities about childbirth and mental illness and the received wisdom which governed their practices. In sum, the thesis uncovers attitudes towards healthcare and medicine at a local level and examines the social significance of deeply held beliefs about the nature of disease among doctors, families and communities.

### *Sources*

It has been said that 'well-behaved women seldom make history.'<sup>69</sup> In attempting to explore the lives of ordinary women leading ordinary lives, the difficulty lies in the absence of recorded information about those women who did not attract the attention of the authorities. For most women, the paths of their lives can at best be traced only through official registers at certain points in their lives – birth, baptism, marriage, the birth or baptism of children, census returns, death, burial. These brief details shed little light on the lives that they lived, although a certain amount of supportive information can be drawn from the collection of data in statutory records (births, deaths, marriages, census) and parish records. Inevitably, however, the most fruitful source of information for this project has been the records of those women whose behaviour did attract official attention, either as patients or criminals, in patient case notes and court records. The

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<sup>69</sup> Laurel Thatcher Ulrich. 'Vertuous Women Found: New England Ministerial Literature, 1668-1735,' *American Quarterly* 28 no.1 (1976): 1.

balance of the breadth and scope of the thesis has been determined by the availability of sources and their content.

The main research sources for this thesis in terms of asylum material were the records of Dundee Royal Lunatic Asylum and Montrose Royal Lunatic Asylum. These two asylums were among the earliest in Scotland, with Montrose receiving its first patients in 1782 and Dundee in 1820, and were among the seven chartered asylums built in Scotland in the late eighteenth and early nineteenth century. Together they served the area of eastern Scotland from Kincardineshire in the north to Fife, south of the River Tay, though they both treated patients from considerably further afield. The records of these two asylums are preserved at University of Dundee Archive Services as part of the NHS Tayside Archive. Both collections are fully catalogued and extensive, though there are a number of volumes marked as missing and it is evident that some records, such as journals and case books, referred to in the existing case notes, have not survived.

The asylum at Montrose was founded in 1781 as the Montrose Lunatic Asylum, Infirmary and Dispensary, the first public mental health institution in Scotland. It owed its existence largely to the efforts of Susan Carnegie, a local philanthropist, and her concern at the poor treatment of lunatics then held in the Tolbooth. Her aim was to provide an environment in which patients could receive the appropriate care and treatment to allow them to return to society, a highly enlightened attitude at this time. In 1858, the asylum moved to a new site and became known as Sunnyside Asylum.<sup>70</sup> Records relating to Montrose Lunatic Asylum exist from 1797 until 1995, although patient records were not kept in any detail before 1817. As per Tayside Health Board

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<sup>70</sup> Harriet Richardson. *Building Up Our Health: The Architecture of Scotland's Historic Hospitals*. Historic Scotland: 2010: 37.

policy, clinical records are closed for 100 years. Minutes are available from 1797, financial records from 1818 and reports from 1835. The collection also includes a pamphlet written in 1841 by Richard Poole, Superintendent at the Montrose asylum from 1838 - 1854, which offers valuable information on the early management of the asylum.<sup>71</sup>

Dundee Lunatic Asylum was founded in 1812 and officially opened in 1820 in the area of Dundee now known as Stobswell, though at that time the site was outwith the city in an area of countryside. The asylum became the Dundee Royal Lunatic Asylum on the granting of a royal charter in 1875. By that time, the city had become highly industrialised and had expanded to encroach on the area surrounding the asylum, and plans were underway to move to a new site to the west. By 1882 all patients had been transferred to a new building on that site. The Dundee Asylum records are extensive and run from 1805 to 1998, although again, subject to Tayside Health Board policy, clinical records are closed for 100 years. The records range from administrative and financial accounts, and plans relating to the foundation and development of the asylum, through to clinical records and patient files. The earliest patient records run from 1820, the first patients in the asylum, visitor books from 1826, and minute books and annual reports from 1820. In addition, there is a published history of Dundee Lunatic Asylum, written by James Rorie, Medical Superintendent at the asylum from 1859 until 1903. Part of his history was published in the *Journal of Mental Science* in 1887, and the finished work was published posthumously as a book in 1912.<sup>72</sup> Dr Rorie's reflections and observations focus to a great extent on his interest in developments and progress in the care of the mentally ill, although much of his information is drawn from the

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<sup>71</sup> (DUA) THB 23/18/2 *Memoranda Regarding the Royal Lunatic Asylum, Infirmary and Dispensary, Montrose*, by Richard Poole, 1841.

<sup>72</sup> (DUA) 7/13/5 *History of the Dundee Royal Lunatic Asylum*. James Rorie, 1912.

directors' annual reports, also available in the archive. His writings were useful in tracing the history of the asylum, and in uncovering some of the practices and routines which underpinned the values and ethos of the institution.

The thesis also makes extensive use of court and criminal records, held at the National Records of Scotland in Edinburgh. The main courts in Scotland for the hearing of criminal cases are the High Court of Justiciary, in Edinburgh, and the Sherriff courts, which operate regionally. Although there have been changes to the legal system since the period 1820 – 1900, the balance between the High Court (the Supreme Court for criminal cases) and the Sherriff courts remains largely the same. Both criminal and civil cases are and were heard in the Sherriff courts, but cases where women were accused of killing their children would have been heard at the High Court of Justiciary. I consulted three main groups of records held at the National Records of Scotland in order to find information relating to cases heard at the High Court. The Lord Advocate's Department holds the precognitions – these are the reports prepared by the Crown in advance of the trial, and usually contain statements from witnesses and also from the accused. The records of the High Court itself include the minute books, which contain summaries of cases heard in the High Court and the 'process' or 'small' papers, which are bundles of notes relating to each case and should include details of the charges, depositions and other information, and also information on the accused and witnesses, and statements and papers used as evidence.<sup>73</sup> The National Records of Scotland also holds the records of the Scottish Prisons Service, including the records of Perth Criminal Lunatic Department.<sup>74</sup> These files contain the administrative records

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<sup>73</sup> National Records of Scotland Research Guides: High Court Criminal Trials. URL: <https://www.nrscotland.gov.uk/research/guides/high-court-criminal-trials>. [Accessed 17 August 2018].

<sup>74</sup> National Records of Scotland Research Guides: Crime and Criminals. URL: <https://www.nrscotland.gov.uk/research/guides/crime-and-criminals> [Accessed 26 May 2019].

collected during each prisoner's detention in this department, including some medical reports, letters between officials and correspondence related to the prisoner's case.

Further useful sources were located in local collections, libraries and research centres. The Local History Centre in Dundee houses a wide selection of local records relating to the history of the Dundee area, including newspapers, periodicals, magazines, cuttings, family histories, street directories, valuation rolls, maps and plans. A local history centre at Restenneth Priory near Forfar houses records from across the Angus region, including records relating to the towns of Montrose, Arbroath, Forfar, Brechin and Kirriemuir, the most prominent towns in the Forfarshire area. These include school and poor relief records, private records, diaries and legal documents, in addition to collections held in local libraries. These collections were helpful in providing background and supporting information, rather than direct references to puerperal insanity and childbirth related mental disorders.

### *Methodology*

This thesis explores the experience, care and treatment of mental illness associated or occurring during pregnancy, during or after childbirth or while nursing, and the use and understanding of the puerperal insanity diagnosis, in the asylums at Dundee and Montrose over the course of the nineteenth century and into the twentieth. I examined records from across the period and the thesis includes some reference to cases and reports from as early as 1822. The core research of the study focusses on a defined sample group from each asylum in two selected twenty-year periods. Analysis of the asylum records across the two distinct time periods enables an overview of the prevalence and acceptance of the puerperal insanity diagnosis in the Dundee and Forfarshire area through admissions and treatment in these particular institutions. It

raises questions about the way in which women suffering from some kind of mental disorder during the postpartum and nursing period were diagnosed and treated, and tracks changes over the course of the century. The first period, 1840 to 1860, straddles the middle of the nineteenth century, a point when ideas surrounding puerperal insanity were established in medical circles and were well represented in medical textbooks among the diseases of women. The choice of the second period covered by this research, 1890 to 1910, is intended to gain an insight into attitudes and practices surrounding puerperal mania at the end of the nineteenth century and into the twentieth, a time at which the demise of puerperal insanity was underway.<sup>75</sup>

Detailed examination of the asylum records for the sample groups for each asylum in each period allows comparison between the asylums and time frames as to the numbers of women admitted to the asylums, their backgrounds, the course of their treatment and the outcome of their care. It is impossible to be certain that all puerperal mania cases have been identified and included in each study groups, and the specific problems encountered in identifying and selecting patients will be discussed in more detail in Chapter Two. As full a sample as possible has been selected within the constraints imposed by missing files and records, potential inaccuracies in official documentation, and legislative requirements governing access to the records themselves. Observation of the 100-year confidentiality rule has meant that there were some patients admitted during the later period whose medical records do exist but are unavailable, as their later medical history within the Tayside Health Boards records extended into the 100-year restricted period. Where a patient's medical history in the asylum continued beyond 1918, their entire record within the asylum is restricted, even those notes taken before 1918. Personal information relating to these patients could not therefore be used in the

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<sup>75</sup> Marland, *Dangerous Motherhood*: 203.



study. My estimates of the flow of cases through the asylums at this time must accordingly take this into account.

I collected information from three main sources within the clinical records of the Dundee and Montrose asylums – asylum registers, patient case notes and petitions for admission. Further material was drawn from general asylum records, such as annual reports and the minutes of board meetings. For each asylum and for each research period, I made a detailed search of these sources in order to identify women who were admitted to the asylums suffering from mental illness associated with childbirth. In order to identify each sample group, I defined the criteria for inclusion as admission to the asylum during the dates of research period. Women readmitted during this period were included if their previous admission had been connected with childbirth. The sample groups do not include women admitted before the relevant period and still resident in the asylum - some reference is made to such cases where relevant, but they are not included in any calculations or statistics for the specific study periods. The dates for each period were set as between 1 January 1840 and 31 December 1860, and between 1 January 1890 and 31 December 1910.

In order to find the cases of women tried or imprisoned for the murder of their children, I searched the online catalogue of the National Records of Scotland to isolate the cases of women accused of child murder, from the geographic area of Dundee, Angus and Fife. Where the surname of the victim noted in the file matched that of the accused, it was possible to identify women accused of killing their own children. In the case of newborns, it was usually only the surname of the victim that was recorded. Having identified relevant cases, the records themselves were consulted for specific information on each case. For the purposes of this thesis, six cases from between 1870

and 1910 were identified and researched where childbirth-related insanity was implicated as a cause for the women's actions. One case involved attempted murder, the other five were cases of child murder. In addition, a number of other cases from across the nineteenth century involving the murder of children, where puerperal insanity was not specifically implicated, were researched for comparison. This was in order to explore the custodial system in place and the treatment of puerperal mania sufferers within that more general context. Further cases and discussion around the subject were identified through searching local resources, newspapers, pamphlets and books, and these provided further detail for both the asylum cases and, more fully, the court cases. Newspaper reports provided information on community reception of crimes and discussion in local public discourse.

It was not the intention in this thesis to account for and detail all child murder cases during this period, but to investigate the experiences of the women involved and to examine in detail the information which the material may provide about understandings of and attitudes surrounding puerperal insanity and childbirth-related mental illness. Although the cases of women were drawn from the same geographic area as outlined by the study of the selected asylums, the centrality of the courts system discounted specific regional differences at a judicial level, but examining their cases allowed me to investigate the cases and issues which had most relevance to the people within those regions during the nineteenth and very early twentieth centuries.

### *Structure of the thesis*

The thesis is structured into five main chapters, with the main research presented in Chapters Two to Five. Chapter One provides a national and local context for the study in terms of how the insane were cared for during the nineteenth-century, beginning with

a brief outline of the historiography of previous research into the history of asylums and psychiatry in Scotland. The chapter then gives an overview of the provision of institutional care for the insane in nineteenth-century Scotland, and more specifically details the histories of the two asylums at the core of this research, at Montrose and Dundee, and the Criminal Lunatic Department at Perth. I then identify key people within the asylums and describe the roles and responsibilities of the asylum staff. The chapter provides a background on the systems in which the women were diagnosed and cared for, from the staff who provided day-to-day care and assessment of the patients to the overall administrative and governmental forces which influenced Scottish practice during the nineteenth century.

Chapter Two focusses on identifying and defining postpartum mental illness and puerperal insanity within historical records, and in particular in the records of these asylums. I begin by considering the challenges involved in locating puerperal insanity cases, looking briefly at how contemporary physicians described and understood the condition within the wider field of women's health, the problems involved in identifying a diagnosis in the past, and the difficulties in using case notes in historical research. The chapter then examines how far the puerperal insanity diagnosis was used in the two asylums during this period and looks at the numbers of women admitted with some form of mental illness associated with childbirth, detailing where they came from, their ages and marital status, the length of their stay in the asylum, and patterns of admission and readmission. This chapter examines the changing use of the puerperal insanity diagnosis in these asylums, and also locates and describes the group of women whose experiences form the basis of the following two chapters.

Chapter Three reveals how postpartum mental illness was expressed in family and community narratives. I examine the cases of women admitted to the asylums, and also of local women identified in newspaper reports and criminal records, to demonstrate the ways in which childbirth-related mental illness was being described and discussed among family, friends and neighbours, and among the wider public. The chapter investigates what behaviours came to be associated with puerperal insanity and how it was generally understood, demonstrating that postpartum mental illness was a familiar part of nineteenth-century life in the Forfarshire area. These cases are also considered in Chapter Four, where the focus shifts to the actual experience of women once they had been diagnosed within the asylum. In this chapter, I explore how they were treated and cared for, arguing that the outcome of asylum admission often depended on economic and administrative forces, and also on the asylum officials' perceptions of the character and status of the women themselves.

Chapter Five looks at the experiences of women from the Forfarshire and Fife areas who killed their own children, following in particular the cases of four women. The chapter first examines changing judicial and public attitudes towards women who killed their children during the nineteenth century, with a particular focus on the east of Scotland area. This demonstrates that the development of a policy of sympathetic treatment of the women at the turn of the twentieth century was informed by a growing acceptance of the belief that child murder was in itself an act of insanity and caused by forces beyond the control of the mother. The four women whose cases are examined in detail in this chapter were found to be not guilty of murder, or were considered unfit to stand trial, on account of puerperal insanity. They were first imprisoned in the Criminal Lunatic Department at Perth Prison before being conditionally discharged into the care of their families. The chapter details how this system was administered and the effect

this had on the women and their families, showing that the authorities remained involved in their cases long after their release from prison or courtroom. This involvement placed the women under long term surveillance and limited their movements but was sympathetic in nature and aimed to restore the women to their former lives.

### *Summary*

In seeking to explore a specific aspect of women's history, and to uncover the experience of women in direct relation to childbirth and mental illness, the aim of this thesis reflects Porter's call to determine the ways in which 'ordinary people' have dealt with sickness and disease, and how they interacted with medical practitioners.<sup>76</sup> The voices of the women explored in this study are essentially missing from the official records on which this research is based, although they are occasionally quoted in case notes and asylum documents, and their testimonies may appear in criminal case files. These brief offerings were selected and 'recontextualised' by the doctors and authorities and used for their own purposes.<sup>77</sup> Nevertheless, these 'mediated accounts' provide an insight into contemporary 'theory, discourse and practice'.<sup>78</sup>

While it may not be possible fully to find the 'patient's view', to determine what the women themselves thought, nor gain an intimate perception of their personal experience, we can access and consider what was talked about by communities, families and institutions, and how they conceptualised and rationalised women's experiences, and we can disentangle the patient from the layers of meaning attached to their

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<sup>76</sup> Porter, 'The Patient's View': 176.

<sup>77</sup> Carol Berkenkotter. *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry*. University of South Carolina Press, 2008: 34.

<sup>78</sup> Gayle Davis. 'Some Historical Uses of Clinical Psychiatric Records,' *Scottish Archives* 11 (2005): 27.

diagnoses. This thesis is about the female patient, and also about the family and community in which she lived, and the framework of healthcare in which her illness was understood and treated, seen through the lens of one particular diagnosis or disorder.

This study looks at the ways in which ideas and beliefs surrounding childbirth and mental illness were articulated and discussed through contemporary discourses and reflects on the implications for the experiences of women of different classes and social background. I examine these against ‘basic mappings of experience,’ questioning what ordinary people believed in terms of sickness and health, how they experienced illness and pain, and what they actually did when they got sick.<sup>79</sup> Overall, this thesis examines the experiences of women within the context of childbirth-related mental illness, and uncovers the practices, beliefs and understandings which existed in this particular area of Scotland during the chosen period. In sum, this study demonstrates a knowledge of postpartum mental disorder within local medical and lay understandings. It reveals the complexities of diagnosis, seen against the practical realities of care both in the asylum and within the family home, and within financial, economic, social and judicial structures.

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<sup>79</sup> Porter, ‘The Patient's View’: 186.



## **Chapter One**

### **Caring for the insane in nineteenth-century Scotland**

#### *Introduction*

This chapter examines the evolution of the Montrose and Dundee asylums within the broader context of Scottish provision of care for the insane throughout the nineteenth century. Tracing the histories of the asylums from their philanthropic origins through to the more organised and bureaucratic management structures later in the period, the chapter will outline the changes and challenges they faced, the relationship between the two institutions, and the ways in which this relationship was influenced and engineered by forces outside their control. The chapter will also consider the members of the asylum communities, in terms of leadership and staff, the relationships between those within the asylum and in the wider network of asylums, the changing attitudes to asylum roles, and the effects of the development of structured medical and nursing education. Finally, the chapter will examine the background to custodial care for criminal lunatics in Scotland in the development of the Criminal Lunatic Department at Perth. The aim is to provide a basis on which the institutional experiences of the women examined in this study may be understood, in particular the different agencies and agendas influencing the provision of healthcare.

#### *'The peculiarities of the Scots'*

The history of psychiatry and asylums in particular relation to Scotland has tended to be 'obscured' in studies which have looked at Britain as a whole, effectively ignoring the



different nature of Scottish approaches to the care of the insane.<sup>1</sup> Andrew Scull has blamed a general but mistaken assumption that ‘whatever happened in England was also what occurred in politically subordinate Scotland’.<sup>2</sup> R. A. Houston has likewise noted the tendency among historians to assume that England represented ‘the norm’ in its development of a system of care and institutionalisation, whereas, in fact, Scotland, Ireland and Wales had all followed different ‘pathways’.<sup>3</sup> Scull likened this tendency to Foucault’s readiness to propose that developments in France could ‘stand as proxy for Western civilization’.<sup>4</sup> As recently as 2017, Chris Philo and Jonathan Andrews argued that research into the Scottish pathway has represented ‘a sparse historiography’.<sup>5</sup>

In the early 1980s, F. J. Rice’s pioneering study of the ‘organisation of insanity’ in nineteenth-century Scotland drew heavily on David Kennedy Henderson’s *The Evolution of Psychiatry in Scotland* (1964), describing this as ‘invaluable as a retired doctor’s memoirs’.<sup>6</sup> Over three decades later, Philo and Andrews noted that there was not yet an ‘obvious replacement’ to Henderson’s work in charting the course of mental health treatment in Scotland from the 1700s to the 1960s. They noted that R.A. Houston’s *Madness and Society in Eighteenth Century Scotland* (2000) had helped to place research in a Scottish context on a ‘wider stage’.<sup>7</sup> Houston examined contemporary definitions of mental capacity, principally in civil court inquests, across a

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<sup>1</sup> Chris Philo and Jonathan Andrews. ‘Introduction: Histories of Asylums, Insanity and Psychiatry in Scotland’. *History of Psychiatry* 28, no. 1 (2017): 2.

<sup>2</sup> Andrew Scull. ‘The Peculiarities of the Scots? Scottish Influences on the Development of English Psychiatry, 1700–1980’. *History of Psychiatry* 22, no. 4 (2011): 403.

<sup>3</sup> R. A. Houston. ‘A Latent Historiography? The Case of Psychiatry in Britain, 1500–1820’. *The Historical Journal* 57, no. 1 (2014): 304.

<sup>4</sup> Scull, ‘The Peculiarities of the Scots?’: 403.

<sup>5</sup> Philo and Andrews, ‘Introduction, Asylums, Insanity and Psychiatry in Scotland’: 1.

<sup>6</sup> Francis J. Rice. ‘Madness and Industrial Society: A Study of the Origins and Early Growth of the Organisation of Insanity in Nineteenth Century Scotland C.1830-70’ (unpublished PhD thesis, University of Strathclyde, 1981): 6.

<sup>7</sup> Philo and Andrews. ‘Introduction, Asylums, Insanity and Psychiatry in Scotland’: 3.

large section of the population, seeking to uncover ‘everyday understandings and responses to madness’.<sup>8</sup> He noted in particular the prominence of the voluntary sector in Scotland and a greater reliance on caring for the insane at home, as opposed to the English preference for institutionalisation.<sup>9</sup> Scotland’s continued preference for ‘outdoor’ support and ‘boarding out’ in the nineteenth century has also been explored by Harriet Sturdy and William Parry-Jones.<sup>10</sup>

The contribution made by the Scottish community to the psychiatric profession has also been largely overlooked. Allan Beveridge commented in 1993 that the lack of research into Scottish psychiatry was ‘somewhat surprising, when one considers that the Scottish contribution to the development of psychiatry has been substantial,’ as Houston noted, the cream of eighteenth century ‘mad doctors’ were ‘bred and/or trained north of the border’.<sup>11</sup> Scull’s study of prominent Scottish psychiatrists across three centuries has gone some way to address this oversight, citing ‘the powerful influence of Scots on developments south of the border’, while his earlier work included detailed studies of the lives of W.A.F. Browne and Sir Alexander Morison, both leading influences in early psychiatry in Scotland and beyond.<sup>12</sup>

The historiography of Scottish psychiatry and mental healthcare has recently, Scull has claimed, entered a new phase, building particularly on work published by Houston, Andrews, and Beveridge.<sup>13</sup> Philo and Andrews noted ‘a healthy crop’ of recent PhD

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<sup>8</sup> Houston, ‘A Latent Historiography?’: 305.

<sup>9</sup> *Ibid.*: 304.

<sup>10</sup> Harriet Sturdy and William Parry-Jones. ‘Boarding-Out Insane Patients: The Significance of the Scottish System 1857 - 1913’. In *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, ed. Peter Bartlett and David Wright., 45 - 65. Athlone Press, 1999: 87.

<sup>11</sup> Allan Beveridge. ‘Book Reviews: Andrews J, Smith I (eds) Let There be Light Again: A History of Gartnavel Royal Hospital from its Beginnings to the Present Day’. *History of Psychiatry* 4, no. 4 (1993): 453; Houston, ‘A Latent Historiography?’: 305.

<sup>12</sup> Scull, ‘The Peculiarities of the Scots?’; Andrew Scull, C. MacKenzie, and N. Hervey. *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade*. Princeton University Press, 2014.

<sup>13</sup> Scull, ‘The Peculiarities of the Scots?’: 404.

theses exploring Scottish issues and themes, and an increasingly diverse interest in the area ‘by medical historians, historical geographers and students of architecture, landscape and various other specialist subject-matters’.<sup>14</sup> The recent collection of papers on new research in Scottish psychiatry, edited by Philo and Andrews and published as a special issue in the *History of Psychiatry*, further underlined their point.<sup>15</sup>

The chartered asylums, the ‘glamorous cousins’ of the asylum network, have provided the bulk of source material for recent Scottish research, as researchers have been able to capitalise on the higher quality of the records they were able to leave behind, and their association with the more famous and celebrated practitioners of their time.<sup>16</sup> The records of the Glasgow Royal Asylum at Gartnavel and the Royal Edinburgh Asylum at Morningside, have been researched in some detail, and Jonathan Andrews, Iain Smith, Allan Beveridge and Hilary Marland have published detailed studies of institutional practices and the patient experience at these specific asylums.<sup>17</sup> The two asylums chosen for this thesis, however, at Dundee and Montrose, have received less attention, other than Lorraine Walsh’s studies of the Dundee asylum.<sup>18</sup>

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<sup>14</sup> Philo and Andrews, ‘Introduction, Asylums, Insanity and Psychiatry in Scotland’: 3 - 4.

<sup>15</sup> Chris Philo, and Jonathan Andrews, Special Issue: Histories of Asylums, Insanity and Psychiatry in Scotland, *History of Psychiatry*, Volume 28 Issue 1, March 2017: 1 - 141.

<sup>16</sup> Philo and Andrews, ‘Introduction, Asylums, Insanity and Psychiatry in Scotland’: 4 - 5.

<sup>17</sup> Jonathan Andrews. ‘Case Notes, Case Histories and the Patient Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century’, *Social History of Medicine*, 11 (1998), 255 - 81; Jonathan Andrews, and Iain Smith. ‘Let There be Light Again’: A History of Gartnavel Royal Hospital from Its Beginnings to the Present Day: Essays Written to Mark the 150th Anniversary in 1993 of Gartnavel Royal Hospital's Existence on Its Present Site. Glasgow, Greater Glasgow Health Board, 1993; Allan Beveridge. ‘Life in the Asylum: Patients’ Letters from Morningside, 1873-1908’. *History of Psychiatry* 9, no. 36 (1998): 431 – 69; Allan Beveridge. ‘Madness in Victorian Edinburgh: A Study of Patients Admitted to the Royal Edinburgh Asylum under Thomas Clouston, 1873-1908 Part I’. *History of Psychiatry* 6, no. 21 (1995): 021 – 054; Allan Beveridge. (1995). ‘Madness in Victorian Edinburgh: A Study of Patients Admitted to the Royal Edinburgh Asylum under Thomas Clouston, 1873-1908 Part II’. *History of Psychiatry*, 6, no. 22 (1995), 133 – 156. Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004.

<sup>18</sup> Lorraine Walsh. ‘The Property of the Whole Community’. Charity and Insanity in Urban Scotland: the Dundee Royal Lunatic Asylum, 1805 – 1850’. In: Melling J and Forsythe B (eds) *Insanity and Institutions in Society, 1800 – 1914: A Social History of Madness in Comparative Perspective*, 180 - 199. Routledge, 1999; Lorraine Walsh. ‘A Class Apart? Admissions to the Dundee Royal Lunatic Asylum 1890 – 1910’, in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, ed. Andrews, Jonathan. Amsterdam, 249 – 270. Rodopi, 2004.

Yet these asylums were among the earliest to provide institutional care for the insane in Scotland, catering for patients not only from a wide local catchment area but from across Scotland, and their records offer a rich resource for historical research.

### *The organisation of insanity in Scotland*

It was at Montrose Royal Lunatic Asylum, in 1836, that an ‘obscure if ambitious provincial surgeon’ gave a series of lectures which would launch his illustrious career.<sup>19</sup> William Alexander Francis Browne was newly installed as the first Medical Superintendent of the asylum at Montrose, though he would not remain there long, moving on to take charge of the Crichton Royal Asylum in Dumfries, and to become one of the first two medical commissioners of the General Board of Commissioners in Lunacy.<sup>20</sup> He in fact became a prominent member of the community of Scottish alienists, or psychiatrists, arguably as significant a figure as the English alienist John Conolly.<sup>21</sup> Browne’s five lectures defined the nature of insanity, summarised the history of asylum care, and proposed an enlightened way forward. These lectures would later be published as *What Asylums Were, Are and Ought to Be*, for the benefit of ‘those who are by profession engaged in, or who by acts of philanthropy are prompted to, works of mercy, to the consideration of what has been done, and what needs to be done, for the relief of the most unfortunate of our fellow men.’<sup>22</sup> The publication immediately gained favourable reviews in the medical press, launching its author into ‘the forefront of the newly consolidating profession of alienism.’<sup>23</sup> Indeed, the

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<sup>19</sup> W. A. F. Browne, and Andrew Scull. *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*. Tavistock/Routledge, 1991: vii.

<sup>20</sup> Scull, *Masters of Bedlam*: 119.

<sup>21</sup> Scull, *The Asylum as Utopia*: vii.

<sup>22</sup> W. A. F. Browne. ‘What Asylums Were, Are, and Ought to Be’ (1837), in Browne, W.A.F., and Andrew Scull. *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*. Tavistock/Routledge, 1991: Preface.

<sup>23</sup> Scull, *The Asylum as Utopia*: xv.

publication was (anonymously) reviewed in the *Edinburgh Medical and Surgical Journal* by John Conolly, who, while finding Browne's style a little 'florid', recommended the text as 'worthy of attentive consideration, containing, as it does within a short compass, a digest of much useful information on the management of the insane,' acknowledging also the 'spirit of philanthropy [throughout] which does honour to his feelings, and shows how well qualified he is for the position which he holds.'<sup>24</sup>

The institution at Montrose was already fifty years old by the time Browne delivered his lectures there and it would survive for another two centuries. James Howden, superintendent at Montrose from 1857 until 1897, would comment that it was 'not a little remarkable that the idea of [an institution of this kind] should have originated in a small provincial town.'<sup>25</sup> Situated north of Edinburgh and Glasgow, in a small coastal town battered by the North Sea, the institution at Montrose was the oldest of the seven chartered or 'royal' asylums, built by public subscription between 1781 and 1839.<sup>26</sup> The building of specific institutions for the insane had lagged behind other philanthropic endeavours such as the building of infirmaries for the treatment of more tangible physical illness.<sup>27</sup> However, once the need for specific hospitals for the insane was established, public asylums appeared at Montrose (1782), Aberdeen (1800), Edinburgh (1813), Glasgow (1814), Dundee (1820), Perth (1827) and Dumfries (1839), largely due to the efforts of local philanthropists (See Figure 1:1, page 91).<sup>28</sup>

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<sup>24</sup> Scull, *The Asylum as Utopia*, lvi, note 38; Anon (1837) 'Review of What Asylums Were, Are, and Ought to Be', *Edinburgh Medical and Surgical Journal*, 48: 518.

<sup>25</sup> A. S. Presly, and Sunnyside Royal Hospital. *A Sunnyside Chronicle: A History of Sunnyside Royal Hospital, Produced for Its Bi-Centenary*. The Hospital, 1981: 17.

<sup>26</sup> An eighth asylum founded during this period, Bilbohall Asylum at Elgin, was not a chartered Asylum, but a pauper-only asylum which grew out a partnership between the managers of Gray's Hospital and local landowners.

<sup>27</sup> Olive Checkland. *Philanthropy in Victorian Scotland: Social Welfare and the Voluntary Principle*. J. Donald, 1980:165; 168.

<sup>28</sup> *Ibid.*: 165.

A further programme of asylum building would follow the Lunacy (Scotland) Act 1857, resulting in the construction of nineteen district asylums, but the chartered asylums predated any legislation for the institutional care of the insane and formed ‘the mainstay of Scottish provision for the insane in the first half of the nineteenth century.’<sup>29</sup> The landscape of institutional care for the insane in Scotland was therefore quite different from that in England, where a private madhouse industry thrived. Public subscription asylums played only a small role in the provision of care for the insane in England, described by Roy Porter as ‘one of the oddities’ of the English system.<sup>30</sup> Scottish practice followed the ethos of the Scottish Poor Law, which favoured the provision of support to the poor and infirm through voluntary giving, a system which minimised government intervention.<sup>31</sup> There was only a small number of licensed private establishments operating in Scotland in the mid-nineteenth century, and the charitable asylums catered for both private and pauper patients, albeit in separate apartments, wings or even buildings.

The Lunacy (Scotland) Act 1857 and subsequent amendments aimed to address the problem of pressure for space in the chartered asylums and to provide comprehensive and uniform care of the insane in Scotland. With a strong belief in the ‘therapeutic benefits’ of asylum care, the investigators behind the Lunacy Inquiry of 1855 - 1857, which preceded the Act, praised the chartered asylums for their work, but claimed the need for further provision for pauper patients.<sup>32</sup> The Inquiry noted that some parochial authorities were apt to avoid the use of the chartered asylums ‘solely from motives of economy’, housing pauper lunatics instead in poorhouses, and

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<sup>29</sup> Walsh, ‘The Property of the Whole Community’: 180.

<sup>30</sup> Roy Porter. *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*. Penguin History. Penguin Books, 1990: 135.

<sup>31</sup> Walsh, ‘The Property of the Whole Community’: 180.

<sup>32</sup> Farquharson, Lauren. ‘A ‘Scottish Poor Law of Lunacy’? Poor Law, Lunacy Law and Scotland’s Parochial Asylums.’ *History of Psychiatry* 28, no. 1 (2017): 19 - 20.

subsequent legislation was aimed at ensuring authorities provided appropriate care.<sup>33</sup> Lunatic provision in poorhouses varied and was not always separate from other accommodation - where a part of the house was set aside, the accommodation might acquire 'the character of an asylum', it did not usually have 'the advantages of an hospital for the treatment of the insane'.<sup>34</sup> In 1857, only two poorhouses, both in Glasgow, had resident medical officers, and the rest were attended by a physician from the parish, who had no real authority over the attendants 'who may disregard his orders without any efficient remedy being in his power'.<sup>35</sup>

Under the governance of the General Board of Commissioners in Lunacy, the Act extended the responsibility of parochial boards to provide suitable accommodation for pauper lunatics, either in appropriate lunatic wards in poorhouses, or through the building of district asylums.<sup>36</sup> In practice, pauper lunatics regarded as 'incurable' were sent to lunatic wards in poorhouses, and the district asylums received acute cases, though the parochial asylums tended to be housed near or adjacent to poorhouses and as such were far from the 'ideal' rural settings of the restorative asylum.<sup>37</sup> The Act of 1857 also instigated the inspection of all asylums and facilities housing insane patients, including the chartered asylums.<sup>38</sup>

By the end of the nineteenth century, the network of Scottish institutional care had seemingly moved on from its philanthropic origins and the actions of 'a few sensitive

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<sup>33</sup> Farquharson, 'Scottish Poor Law of Lunacy': 18 - 19.

<sup>34</sup> Scottish Lunacy Commission. Report by Her Majesty's commissioners appointed to inquire into the state of lunatic asylums in Scotland and the existing law in reference to lunatics and lunatic asylums in that part of the United Kingdom. With an appendix. 1857, Session 1. House of Commons Parliamentary Papers Online. <https://parlipapers.proquest.com/parlipapers/docview/t70.d75.1857-032933?accountid=8312> [Accessed 22/9/18]: 128.

<sup>35</sup> Scottish Lunacy Commission Report 1857: 136.

<sup>36</sup> Farquharson, 'A Scottish Poor Law of Lunacy': 20.

<sup>37</sup> *Ibid.*: 24.

<sup>38</sup> Harriet Richardson. *Building Up Our Health: The Architecture of Scotland's Historic Hospitals*. Historic Scotland: 2010: 42.

men and women.<sup>39</sup> F. J. Rice claimed that the establishment of a body to regulate 'the organisation of insanity' in Scotland, while it may have lagged behind similar legislation in England and Wales in 1845, resulted in a 'better developed' system of institutions caring for the insane, based on charitable subscription, in Scotland in the second part of the nineteenth century, built as it was on an established framework.<sup>40</sup> John Sibbald, Commissioner of Lunacy for Scotland between 1879 and 1899, certainly considered that Scotland stood alone in the 'completeness of control by a central authority'.<sup>41</sup> Reflecting in 1897 on Scottish progress in the treatment of insanity in the sixty years of Victoria's reign, Sibbald claimed that the second half of the century had seen the study of insanity established on sound scientific principles, forming the basis for further progress in the next. While the intentions of those who had founded the early asylums were no doubt laudable, they were 'conducted more or less in accordance with views which were trammelled by traditional and mistaken beliefs with regard to the methods of treating insanity.' Sibbald believed that, by the end of the century, steps had been taken that would not have to be 'retraced', proclaiming that 'it is one of the glories of the epoch that we have found the path by which progress is to be made'.<sup>42</sup>

Despite changing legislation and increasing centralisation, the chartered asylums retained their supremacy in Scotland until the end of the nineteenth century. Many of their Superintendents became members of the General Board of Commissioners in Lunacy, and the chartered asylums could claim relatively high rates of cure in comparison with the district asylums.<sup>43</sup> In the development of this largely charitable-based system, Scotland had followed its own 'pathway', with an approach to care quite

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<sup>39</sup> Checkland, *Philanthropy in Victorian Scotland*: 165.

<sup>40</sup> Rice, 'Madness and Industrial Society': 224.

<sup>41</sup> John Sibbald, 'The Study of Insanity and the Treatment of the Insane in Scotland'. *British Medical Journal* 1, no. 1903 (1897): 1564.

<sup>42</sup> *Ibid.*: 1564.

<sup>43</sup> Checkland, *Philanthropy in Victorian Scotland*: 176.



different to that south of the border, and which brought its own challenges and issues. The asylums at Dundee and Montrose held an important place within this system, though they were not as grand as the institutions at Edinburgh, Glasgow and Dumfries, which occupied the top rank of Scottish asylums.<sup>44</sup>

*'These unfortunate persons' - Caring for the insane in Dundee and Forfarshire*

Andrew Scull has described asylums as 'carefully constructed communities of the mad', and indeed the communities at Montrose and Dundee were intended to operate as discreet, rational and organised environments in which reason could be restored.<sup>45</sup>

Thomas Tozer Wingett, Medical Superintendent at Dundee from 1848 to 1859, described the Dundee asylum as 'a small parish', where he claimed, 'one church unites all grades and worshippers, and a common affliction tends to inspire a feeling of ... friendly attachment'.<sup>46</sup> The asylums at Montrose and Dundee were, however, like all other Scottish asylums, governed by increasingly centralised and authoritative external forces, changes in legislation and high expectations of cost-effective and efficient treatment and care. Both struggled with financial problems and overcrowding, and issues surrounding their respective catchment areas often resulted in a difficult relationship with each other. This section will explore the foundation and development of the asylums at Montrose and Dundee, examining the way in which the asylums interacted with each other and with the other institutions which developed for the care and custody of the insane in Forfarshire, the ethos and practices of the two institutions and the particular problems and challenges faced by these asylums during the course of the nineteenth century.

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<sup>44</sup> Walsh, 'A Class Apart': 264.

<sup>45</sup> Andrew Scull. *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*. Yale University Press, 1993: 150.

<sup>46</sup> (DUA) THB 7/13/5 *History of the Dundee Royal Lunatic Asylum*. James Rorie, 1912: 68.

Until the late eighteenth century, troublesome lunatics in the town of Montrose were held in the tollbooth on the High Street, a grim building dating from 1560, where they were kept in public view, fed through the bars and slept on straw ‘like pigs’, a situation which gradually the people of Montrose began to regard as ‘a source of increasing grievance and shame.’<sup>47</sup> Montrose, a market town and port, had at that time a population of around six thousand people.<sup>48</sup> Its population would rise to around fifteen thousand by the middle of the nineteenth century and began to decline again in the latter half.<sup>49</sup> In addition to the trade and commerce centred on the port, the town’s economy centred on flax-spinning and weaving, producing canvas, sacking and course linens.<sup>50</sup> The building of the town’s asylum (Figure 1:2, page 95) was largely due to the efforts of Susan Carnegie, and allies in the town council, whose concern at the intolerable conditions offered by the public tollbooth at Montrose motivated her to raise funds for an institution where, by ‘providing a quiet and convenient asylum for them, some of these unfortunate persons might be restored to society.’<sup>51</sup> With the support of her good friend Alexander Christie, the town’s provost, Mrs Carnegie set about her task relentlessly, persuading the people of Montrose that it was their duty to contribute. The initial target of £500 was easily exceeded and the first patient was admitted to the asylum in 1782.<sup>52</sup> In 1791, there were thirty-seven patients in the asylum, and numbers

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<sup>47</sup> A.A. Cormack. *Susan Carnegie, 1744-1821: Her Life of Service*. Aberdeen University Press, 1966: 272; 275.

<sup>48</sup> Gordon, J. ed. *The New Statistical Account of Scotland / by the ministers of the respective parishes, under the superintendence of a committee of the Society for the Benefit of the Sons and Daughters of the Clergy*. Montrose, Forfar, Vol. 11, Edinburgh: Blackwoods and Sons, 1845: 278. University of Edinburgh, University of Glasgow. (1999) The Statistical Accounts of Scotland online service: <https://stataccscot.edina.ac.uk:443/link/nsa-vol11-p278-parish-forfar-montrose> [Accessed 8/7/19].

<sup>49</sup> GB Historical GIS / University of Portsmouth, Montrose Burgh through time | Population Statistics | Total Population, A Vision of Britain through Time. URL: [http://www.visionofbritain.org.uk/unit/10361151/cube/TOT\\_POP](http://www.visionofbritain.org.uk/unit/10361151/cube/TOT_POP). [Accessed 8/7/19].

<sup>50</sup> Gordon, *New Statistical Account*: 280.

<sup>51</sup> Cormack, *Susan Carnegie*: 275

<sup>52</sup> Presly, *A Sunnyside Chronicle*: 3.

continued to grow steadily.<sup>53</sup> In 1810, the asylum was granted a Royal Charter by George III.<sup>54</sup>

Dundee, granted burgh status in 1191, is one of Scotland's oldest towns, and its status and fortunes have varied over the centuries. In the course of the nineteenth century, Dundee would become the 'world's jute capital', well known not only for the manufacture of jute and coarse linens but also for widespread urban poverty.<sup>55</sup> In 1801, the city had a population of around 26,000, but was beginning to witness a modest rise in population, fuelled by the city's emerging jute industry. This was to turn into a rapid and unprecedented rise by the middle of the century, as industrialisation transformed Dundee into a city of around forty-five thousand people in 1841, a figure which would double to ninety thousand by 1861.<sup>56</sup>

By the second decade of the century, the managers of Dundee's city infirmary, opened in 1798, had begun to look for solutions to the problem of hospital wards becoming 'congested with lunatics.'<sup>57</sup> Funded by public subscription, a new lunatic asylum would provide 'for the comfort, relief, and cure, of persons suffering under the most afflicting of all calamities.'<sup>58</sup> A site was chosen on high ground to the north of the city, where the air was 'free and unconfined,' and the foundation stone was laid with great ceremony in 1812.<sup>59</sup> Although the managers at Dundee had some trouble raising the necessary funds, and the death of the original architect provided a further setback,

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<sup>53</sup> Presly, *A Sunnyside Chronicle*: 50.

<sup>54</sup> (DUA) THB 23/18/2 *Memoranda regarding the Royal Lunatic Asylum, Infirmary and Dispensary*, Montrose, by Richard Poole, 1841: 13;

<sup>55</sup> Christopher A. Whatley, David Berridge Swinfen, and Annette M. Smith. *The Life and Times of Dundee*. John Donald, 1993: 1 – 2.

<sup>56</sup> *Ibid.*: 103.

<sup>57</sup> Checkland, *Philanthropy in Victorian Scotland*: 165.

<sup>58</sup> 'An account of the Dundee Infirmary, and report of the committee appointed to carry into effect the proposal for a lunatic asylum at Dundee: with a list of contributors to the asylum; [and Regulations for the management of the asylum].' Printed by Robert Stephen Rintoul. Dundee, 1815: 4; 11.

<sup>59</sup> Walsh, 'The Property of the Whole Community' p; 180; (DUA) 7/13/5 *History of the DRLA* by James Rorie: 9 - 10; Checkland, *Philanthropy in Victorian Scotland*: 169.

the Dundee asylum (Figure 1:3, page 95) was opened for patients in 1820.<sup>60</sup> The asylum managers kept a close eye on the ideals of Quaker Retreat at York, and a copy of an account of the Retreat written by Samuel Tuke, a grandson of its founder William Tuke, was displayed on the Committee Room table, 'for the perusal of all concerned with the Establishment.'<sup>61</sup> The Directors were delighted when Samuel Tuke himself visited the asylum in 1839, and left a comment in the Visitors' Book - 'I have come to learn and admire' - which led the Directors to believe that the asylum had 'outstripped its model.'<sup>62</sup>

The charitable asylums were highly dependent on patient fees, both those of pauper patients paid by the parishes and the private rates paid by families.<sup>63</sup> While the asylums aspired to attract private patients, it was the fees paid for pauper patients that provided the bulk of their income. In 1857, the income from pauper patients at Montrose was almost three times that derived from private patients.<sup>64</sup> This dependence on pauper income was, Loraine Walsh has argued, a key difference between the Scottish system and the English private asylums.<sup>65</sup> In 1842, Dundee Royal Asylum charged the lowest pauper rate in Scotland, which was regarded as necessary to maintain its income. This also resulted in the asylum becoming 'clogged with pauper patients' which had a detrimental effect on the asylum's ability to attract higher paying customers.<sup>66</sup>

Across the board, fees were lower at the Montrose and Dundee asylums than the asylums at Edinburgh, Glasgow and Dumfries, highlighting their position as lower ranking institutions. While in 1857 the private fees at Montrose ranged from £20 to

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<sup>60</sup> Checkland, *Philanthropy in Victorian Scotland*: 165.

<sup>61</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 25.

<sup>62</sup> *Ibid.*: 40.

<sup>63</sup> R. A. Houston. *Madness and Society in Eighteenth-Century Scotland*. Oxford Studies in Social History. Clarendon Press, 2000: 391.

<sup>64</sup> Scottish Lunacy Commission Report 1857: 82.

<sup>65</sup> Walsh, 'The Property of the Whole Community': 190.

<sup>66</sup> *Ibid.*: 190 - 1.

£100 per annum, private patients at the Crichton Royal Asylum at Dumfries paid between £30 and £350 per year, and, at the Royal Edinburgh Asylum, between £60 to £300 per year.<sup>67</sup> The top weekly rate charged at the Dundee asylum was £3 3s, while at Glasgow Royal Asylum the top rate was £6 6s per week.<sup>68</sup> This was also reflected in the salaries of the principal officers. In 1857, the Superintendents at Montrose and Dundee were earning £200 and £300 per annum respectively, while at Edinburgh, Glasgow and Dumfries the salaries for the equivalent positions were £450, £500 and £600 respectively.<sup>69</sup>

Their lower rank did not deter the management of the asylums advertising the high quality of their private accommodation. The Directors of the asylum at Dundee were at pains to point out the salubrious nature of the private accommodation they provided, claiming that they ‘in neatness and elegance rival the mansion of any private gentleman’.<sup>70</sup> The private patients they attracted tended, however, to come from the middle and ‘respectable’ working classes, with more affluent clients choosing the grander institutions elsewhere.<sup>71</sup> The border line between pauper and private was in addition a thin one, with the lowest private rate essentially just a short step from the pauper rate. Private rates reflected the status of the person paying rather than the patient themselves, and could be paid by a friend, employer or other guarantor. Rates of board could also fluctuate and could often decline - at Dundee, the rate of board for Isabella S (D1851), the wife of a local businessman, fell from 15/- per week to the lowest private rate of 10/6 in 1852.<sup>72</sup> While annual reports made reference to the asylum’s ‘higher class patients’, and to their ‘previous habits, fortune and rank’, the majority of private

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<sup>67</sup> Scottish Lunacy Commission Report 1857: 82; 46; 64.

<sup>68</sup> *Ibid.*: 53; 76.

<sup>69</sup> *Ibid.*: 83; 54; 64 - 65; 76; 47.

<sup>70</sup> (DUA) THB 7/5/1/1, Minute Book 1 (1817 - 1828): 183.

<sup>71</sup> Walsh, ‘A Class Apart?’: 264.

<sup>72</sup> (DUA) THB 7/8/3/1.

patients paid the lower end of the private scale.<sup>73</sup> The status of patients within the asylum was less dependent on their role outside the asylum and more on their ‘paying power’, or that of their family, once admitted as patients, as Lorraine Walsh has argued.<sup>74</sup> The status of patients at the Montrose and Dundee asylums was in general not especially grand and was open to fluctuation.

Classification of patients within the asylum was, however, intrinsic to the principles of moral treatment, in the belief that reason could be restored through ‘controlled social intercourse’.<sup>75</sup> The separation of patients within the asylum was not simply to separate classes but was also to separate ‘the tranquil and the raving, the convalescent and the incurable’, and to ensure that treatment fitted individual needs.<sup>76</sup> Asylums developed with this in mind, becoming increasingly complex and sophisticated as the nineteenth century wore on, in order to facilitate and support an ‘overall sense of order and rationality’.<sup>77</sup> The Dundee asylum professed to provide ‘a very minute classification of patients according to their ranks, characters and degrees of disease’, with the aim that ‘under one general management it separates the different classes of inhabitants from one another as completely as if they lived at the greatest distance’.<sup>78</sup> In addition to division by degree of illness and social class, patients were segregated according to gender. At Dundee, the female patients occupied the east block and the males occupied the west, each block comprising dormitories, single rooms and day rooms, with access to airing

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<sup>73</sup> (DUA) THB 7/4/2/12, 29<sup>th</sup> Annual Report (1849): 23 - 24.

<sup>74</sup> Walsh, ‘A Class Apart?’: 264; 251.

<sup>75</sup> Jonathan Andrews. ‘The Rise of the Asylum in Britain.’ In *Medicine Transformed: Health, Disease and Society in Europe 1800 – 1930*, ed. Deborah Brunton, 298 - 330. Manchester University Press, with the Open University, 2004: 317.

<sup>76</sup> Scull, *The Most Solitary of Afflictions*: 150.

<sup>77</sup> Alison Darragh. ‘Prison or Palace? Haven or Hell? An Architectural and Social Study of the Development of Public Lunatic Asylums in Scotland, 1781-1930’ (unpublished PhD thesis, University of St Andrews, 2011): 138.

<sup>78</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie:10.

courts and gardens available.<sup>79</sup> Likewise, in the early building at Montrose, the male patients were housed in the north side of the building and the female patients in the south, with pauper patients likewise occupying the north and south wings built at right angles to the main building.<sup>80</sup>

Both asylums were populated with roughly similar numbers of male and female patients in the mid-nineteenth century (see Table 1:1, page 93), with slightly more men than women usually resident in the Dundee asylum in the mid-nineteenth century and more women than men resident in the Montrose asylum. This situation would change towards the end of the century, however, as the population in both asylums became increasingly more female. Men and women did come together for meals, special occasions, excursions and Sunday worship. Female attendants looked after the female patients, while male attendants looked after the males. Day rooms and recreation areas were segregated by gender as well as class. The female patients in this study would therefore have been housed and treated in a largely female environment, with the exception of meals and collective events. Another important exception would have been examinations by the male Superintendents, Medical Officers and Physicians, though such visits often became infrequent, as indicated by the brief and spaced out notes of long-term patients.

By the middle of the nineteenth century, both asylums were experiencing problems caused by the constraints of their buildings and lack of accommodation. The inspectors of the Scottish Lunacy Commission in 1857 wrote scathingly about the conditions at Montrose, though acknowledging that plans were well underway to move the asylum to new buildings. The original building stood ‘on the links of Montrose, close to the

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<sup>79</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 39 - 40; 29; 77.

<sup>80</sup> Darragh, ‘Prison or Palace?’: *Gazetteer*, 119.

harbour' where it was 'very much exposed to cold east winds'.<sup>81</sup> In general, the commission inspectors noted that the accommodation in the seventy-year-old building was dirty, badly ventilated and cold, and that there was insufficient opportunity for 'exercise and occupation'.<sup>82</sup> Pressure for space had led to the habitual seclusion of troublesome or violent patients, and the Commission commented that they had 'ascertained that it is the custom in this Asylum, when patients are violent and destructive, to remove all their clothing, and to supply them with no clothes, coverings, or bedding, except blankets and straw'.<sup>83</sup> The effects of overcrowding were seen throughout the asylum, as the inspectors noted:

The central part of the house was originally intended as apartments for the resident physician, and for the accommodation of private patients, while the wings were appropriated to the paupers. Owing, however, to the increasing pressure for accommodation for pauper patients, a great part of the central building has been given up to them, and the more manageable of the private patients have been removed to the new house of the resident physician ... The [remaining] private patients are in the central building, along with some of the better class of paupers.<sup>84</sup>

Severe overcrowding in the asylum had therefore impacted on the provision of private accommodation at Montrose. The inspectors were generally more positive about conditions at Dundee, describing the asylum as 'particularly clean, and on the whole well ventilated'. They noted that no form of mechanical restraint was in use and seclusion was kept to a minimum.<sup>85</sup> They did, however, remark on the peculiar layout of the building, noting that 'wards containing private patients alternate with those containing paupers, an arrangement which appears necessary from the construction of the house'.<sup>86</sup> They also expressed concern about the practice of placing two private

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<sup>81</sup> Scottish Lunacy Commission Report 1857: 84.

<sup>82</sup> *Ibid.*: 88.

<sup>83</sup> *Ibid.*: 85.

<sup>84</sup> *Ibid.*: 84.

<sup>85</sup> *Ibid.*: 57.

<sup>86</sup> *Ibid.*: 55.



patients to a sleeping room, apparently due to ‘a desire to extend the benefits of the Institution’. Some pauper patients were being accommodated on beds in a corridor.<sup>87</sup> Both asylums were therefore struggling with issues of overcrowding and stretched resources.

The two asylums served the Forfarshire area as a whole, and pauper patients were often sent wherever their parish or parochial board felt was financially preferable. The passing of the Lunacy Act in 1857 further consolidated the expectation that the two asylums were collectively responsible for the care of lunatics in Forfarshire, with the second annual report of the Commissioners estimating the total accommodation for paupers in the Forfarshire area as across the ‘existing accommodation’ available at the asylums of Dundee and Forfar.<sup>88</sup> In 1859, Montrose Directors noted that many of the year’s admissions had been transfers from the Dundee asylum as a result of ‘arrangements between the Directors of these institutions and the District Lunacy Boards’, as a consequence of which ‘great inconvenience has been experienced’.<sup>89</sup>

Indeed, on the opening in 1858 of the new asylum building at Sunnyside (Figure 1:4, page 97), Montrose was unfortunately perceived to have an ‘excess of accommodation,’ particularly as the old asylum was not closed until 1866 and operated in addition to the new building. The directors of the asylum found themselves forced to ‘receive a large number of patients from other districts,’ as far afield as ‘Caithness-shire’ and Shetland, although the primary catchment area was supposedly limited to Kincardineshire and Forfarshire.<sup>90</sup> In 1862 it was recorded that the Montrose Asylum had received patients

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<sup>87</sup> Scottish Lunacy Commission Report 1857: 56.

<sup>88</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 71.

<sup>89</sup> (DUA) THB 23/3/1/1, Directors' Report for 1859: 6; 9.

<sup>90</sup> Second Annual Report of the General Board of Commissioners in Lunacy for Scotland. 1860. House of Commons Parliamentary Papers Online.

from ‘no less than twenty-one counties.’<sup>91</sup> A. S. Presly, Principal Psychologist at Montrose during the mid-twentieth century, noted in his account of Montrose published in 1981, that the pressure on Montrose to receive patients from such a wide area aggravated the ‘long-running dispute with the Dundee Asylum ... regarding appropriate catchment boundaries, a dispute which, some would say, is even now not entirely resolved.’<sup>92</sup> James Rorie, Medical Superintendent at Dundee between 1860 and 1903, indeed noted in 1900 that a decline in the number of paupers in the Dundee Asylum had been in some part caused by the removal of pauper patients to Montrose, adding that ‘the practice is defended on the grounds of necessity of securing an equal division of the pauper patients of Forfarshire between the two Asylums of Montrose and Dundee.’<sup>93</sup> He himself was of the opinion that this was an unsatisfactory arrangement, complaining that this often meant patients being removed far from their homes, making family visits impossible.

While the original ethos had indeed been to retain all patients, curable and incurable, for as long as they needed care and treatment, financial considerations would have a significant effect. Private patients could be accommodated at the asylum for as long as their families and security continued to pay for them. Chronic or incurable pauper cases were a different matter. In 1865, John Ogilvy, Chairman of the Forfarshire District Lunacy Board advocated the removal from the Dundee Asylum of patients of ‘a chronic and hopeless nature’ who did not require to be accommodated in a lunatic asylum but required instead only ‘safe custody’. He further pointed out that Dundee had recently erected a ‘large and very convenient Poorhouse which could be fitted up for the

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<https://parlipapers.proquest.com/parlipapers/docview/t70.d75.1860-036121?accountid=8312> [Accessed 22/9/18]: xvi – xvii; ‘Scottish Lunacy Commissioners’ Report’. *Dundee Courier*, 27 August 1875: 6.

<sup>91</sup> Presly, *A Sunnyside Chronicle*: 15.

<sup>92</sup> *Ibid.*: 15.

<sup>93</sup> (DUA) THB 7/4/1/8, 80<sup>th</sup> Annual Report (1900): 22.

reception and care of the Lunatic poor’, thus deflecting the ‘... very considerable expense ... incurred by the maintenance of harmless imbeciles and idiot paupers in curative asylums’.<sup>94</sup> In May 1865, William Hay, agent for the Dundee Parochial Board, wrote that the Dundee East Poorhouse was now ready to receive from the asylum ‘as many patient paupers of this parish as can be taken.’<sup>95</sup>

The provision for pauper lunatics across Forfarshire after 1857 had therefore expanded to include the lunatic wards of the poorhouse at Liff and Benvie and at the Dundee East Poorhouse.<sup>96</sup> By 1875, Dundee Parochial Board recorded that of the 230 members of the lunatic poor chargeable to that parish, eighty-seven were boarded in the Dundee asylum, thirty-seven at Montrose, and ninety-eight were boarded in the lunatic wards of the poorhouse.<sup>97</sup> The smaller adjacent parish of Liff and Benvie had nineteen patients in the Dundee asylum, three at Montrose, and seventy-six in the poorhouse.<sup>98</sup> A very small number of pauper lunatics could occasionally be accommodated cheaply at Dorward’s House of Refuge at Montrose, a private home for the poor and destitute founded in 1838 by local philanthropist William Dorward, though the primary aim of the refuge was rehabilitation and education.<sup>99</sup> To the west, Perth District Asylum, later called Murthly Asylum, opened in 1864, and further south, the Fife and Kinross District Asylum, near Cupar in Fife, opened in 1866, but no district asylum was built within the Dundee, Forfarshire and Kincardineshire areas.<sup>100</sup>

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<sup>94</sup> (DUA) THB 7/5/1/5, Minute Book (1848 - 1865): 551.

<sup>95</sup> *Ibid.*: 751.

<sup>96</sup> ‘Scotch Lunacy Commissioners’ Report’. *The Northern Warder and Bi-Weekly Courier and Argus*, 27 August 1875: 6.

<sup>97</sup> ‘Dundee Parochial Board’. *Dundee Courier and Argus*, 11 August 1875: 3.

<sup>98</sup> ‘Liff and Benvie Parochial Board’. *Dundee Courier and Argus*, 25 August 1875: 4.

<sup>99</sup> ‘Montrose Parochial Board: Dorward’s House of Refuge’, *Montrose, Arbroath and Brechin Review*, 13 July 1860: 6.

<sup>100</sup> Richardson, *Building up Our Health*: 42.

By the 1880s, the Dundee asylum had gradually been surrounded by the growing city. A new site was purchased at Westgreen to the west of the city, and the patients were moved to a new building there in 1882 (Figure 1:5, page 97). This new site provided scope to develop new and attractive private accommodation and, in 1895, Gray House was leased to provide entirely separate facilities for private patients then replaced in 1899 with the building of Gowrie House. This initiative closely followed the building of the ‘lavishly constructed’ Craig House opened at Edinburgh Royal Asylum in 1894.<sup>101</sup> Similarly the Directors of Montrose Asylum, on the new site at Sunnyside, had leased Gayfield House to offer accommodation ‘of a most comfortable kind’ for a small number of private ladies, and later in 1899 opened Carnegie House for exclusively private patients of both sexes.<sup>102</sup> Ladies and gentlemen continued to be accommodated in separate areas in these new villas, with Carnegie House featuring a gentleman’s sitting room and billiard room on the eastern side, and a ladies’ drawing room on the western side.<sup>103</sup>

In 1903, the asylum at Dundee was sold to Dundee District Lunacy Board, and the main building at the Westgreen site became the Dundee District Asylum. An arrangement was made with the directors of Dundee Royal Lunatic Asylum to retain the accommodation at Gowrie House and to operate this building as an asylum for private patients.<sup>104</sup> On 5 August 1903, the pauper patients resident in the asylum were transferred to the management of the district asylum, while the private patients resident in Gowrie House remained under the management of the Royal Asylum.<sup>105</sup> Both the royal asylum and the district asylum at Dundee would continue to operate on the same

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<sup>101</sup> Walsh, ‘A Class Apart?’: 252.

<sup>102</sup> (DUA) THB 23/3/1/2 Directors’ Report for 1876: 28.

<sup>103</sup> Darragh, ‘Prison or Palace’: Gazetteer, 124 - 125.

<sup>104</sup> (DUA)/THB 7/4/1/9, 84<sup>th</sup> Annual Report (1904): 5 – 7.

<sup>105</sup> *Ibid.*: 25.

site at Westgreen, coming under the auspices of the National Health Service in 1948, and in 1959 were amalgamated to form the Dundee Royal Mental Hospital. In 2001, a new psychiatric unit was opened at Ninewells Hospital and all the buildings at Westgreen were sold. Montrose Asylum became the Royal Mental Hospital of Montrose on its transfer to the National Health Service in 1948 and was renamed in 1962 to become Sunnyside Royal Hospital. The hospital continued to operate until late 2011 and patients were then transferred to a new facility at Stracathro Hospital, which was named the Susan Carnegie Centre.<sup>106</sup>

### *Criminal Lunatics*

Another institutional element in the care or custody of the insane was the provision for those who had committed serious crimes such as assault and murder but were considered to be insane. While offenders may be initially detained in local jails and prisons, increasing centralisation of prison services in the mid-nineteenth century established national facilities for those found to be criminally insane or unfit for trial. In England, ‘the main state-sanctioned receptacle’ for the criminally insane was Broadmoor Criminal Lunatic Asylum, as it was originally known, opened in 1864.<sup>107</sup> In Scotland, this function was served by the Criminal Lunatic Department at Perth, about twenty miles west of Dundee, which was contained within a large general prison but

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<sup>106</sup> University of Dundee Archive Services Collection Summaries.

<https://arccat.dundee.ac.uk/dserve/dserve2/collections/collections.html>. [Accessed 1/9/2019].

<sup>107</sup> Jonathan Andrews. “The Boundaries of Her Majesty’s Pleasure: Discharging Child Murderers from Broadmoor and Perth Criminal Lunatic Department, c.1860-1920”. In *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550 - 2000*, ed. Mark Jackson, 216 - 248. Ashgate, 2002: 218.

was housed in a special wing which operated separately from the prison as a secure hospital.<sup>108</sup>

Prior to the 1840s, criminally insane prisoners would be found with other prisoners in numerous locations across Scotland's prison system which, at that time, consisted of 170 facilities of various types, ranging from town tollbooths, as at Montrose, to 'lock-up houses' and small jailhouses, with only the Bridewell in Glasgow considered to be a well-managed prison. A process of centralisation of prison services began with the passing of An Act to Improve Prisons and Prison Discipline in 1839 and resulted in the establishment of a General Prison for Scotland at Perth, and the closure of many smaller prisons. By 1860, 101 Scottish prisons had been closed, and by 1898, there were only fourteen prisons in Scotland.<sup>109</sup> The County Prison at Cupar, Fife, closed in 1888, though the prisons at Forfar and Dundee would survive until the 1920s. The 1839 Act also aimed to ensure the provision of appropriate services for prisoners considered to be insane, and an investigation was undertaken in 1841 to locate criminal lunatics then in Scottish prisons. The result was the removal of five prisoners from various locations to Dundee Royal Lunatic Asylum and one to Paisley, while discussions continued as to the proper fate of such prisoners.<sup>110</sup> While suggestions were put forward for a criminal wing attached to an existing asylum, such as that attached to the hospital at Bethlem, the managers of the Scottish asylums were generally reluctant to receive criminal

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<sup>108</sup> David. K. Robinson and Alyson Kettles. *Forensic Nursing and Multidisciplinary Care of the Mentally Disordered Offender*. Jessica Kingsley Publishers, 2000: 52; Phil Barker. *Psychiatric and Mental Health Nursing: The Craft of Caring*. Taylor and Francis, 2003: 464.

<sup>109</sup> *Scotland's Prisons Research Report 2015, Historical Environment Scotland, Edinburgh, 2017*. <https://pub-prod-sdk.azurewebsites.net/api/file/8299891f-0d53-4ab3-99e4-a70000a51a13>. [Accessed 17/8/18]: 15; 23.

<sup>110</sup> J. A. Baird. 'The Transfer of Scottish Prisoners.' (unpublished MD thesis, University of Edinburgh, 1984): 40.

lunatics.<sup>111</sup> Instead, plans were made to establish a facility for insane prisoners in the new General Prison at Perth.

The site chosen for this new prison was a former military camp, originally built between 1811 and 1812 to house French prisoners captured during the Napoleonic War. The new prison was built in two phases between 1842 and 1857 and incorporated the central tower and administrative buildings of the military camp.<sup>112</sup> The Lunatic Hospital, opened in 1846, occupied premises which had served as a hospital for the French prisoners, and it was used for infirm prisoners as well as lunatics. The hospital was originally staffed by an attendant and his wife, and one further male attendant, resident in the hospital, and medical services were provided by Dr William Malcolm, Medical Superintendent at the Murray Royal Asylum in Perth.<sup>113</sup> Malcolm died suddenly in 1858, and he was succeeded in his duties by the prison's first resident surgeon, James Bruce Thomson, who had been appointed earlier in the year.<sup>114</sup>

As a result of the Prisons (Scotland) Act 1860, the General Board of Directors of Prisons in Scotland was abolished and replaced with the Managers of the General Prison and Local Prisons, now reportable to the Home Secretary - further legislation in 1877 brought all prisons in the UK under the control of the UK government, and Scottish prisons were administered by the Prison Commission for Scotland.<sup>115</sup> The Lunacy Commission of 1857 had been highly critical of the Lunatic Hospital and had questioned the validity of regarding criminal lunatics as different from any other kinds of lunatics. However, the decision was made to continue to operate a facility within the

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<sup>111</sup> *Ibid.*: 42.

<sup>112</sup> *Scotland's Prisons*: 16.

<sup>113</sup> Baird, 'Transfer of Scottish Prisoners': 44.

<sup>114</sup> Oxford Dictionary of National Biography. James Bruce Thomson. <[www.oxforddnb.com](http://www.oxforddnb.com)> [Accessed 17/8/18].

<sup>115</sup> *Scottish Prisons*: 21; Baird, 'Transfer of Scottish Prisoners': 54.

grounds of the prison, and the buildings housing juvenile prisoners were converted into what would become the Criminal Lunatic Department. The new facility was opened in January 1865, with places for forty males and eighteen females, all in separate rooms, and in 1881, a new wing was opened for female prisoners, with the capacity to hold thirty-two inmates. In 1882, the first Medical Superintendent was appointed. Dr John McNaughton held this post until his retirement in 1908, and at that point, the Medical Officer for Perth Prison, Dr James Sturrock, was given the responsibility for managing the Criminal Lunatic Department.<sup>116</sup>

The Criminal Lunatic Department at Perth was much smaller than its English equivalent at Broadmoor and, operating as it did within the grounds of a general prison, remained ‘more suffused with penal ideologies’.<sup>117</sup> By contrast, the state asylum at Dundrum in Ireland, opened in 1850, in aspect actually appeared ‘less fortified’ than even the Irish district asylums of the time, in many ways more closely resembling a private asylum than a state-run prison.<sup>118</sup> The origins of the department at Perth, however, lay in the prison reforms of the mid-nineteenth century and, while less penal options were considered, the provision of custodial care for the criminally insane in Scotland would remain within the walls of Perth prison until the formation of the State Hospital at Carstairs in 1957.<sup>119</sup> The main buildings housing the departments had been built either to house prisoners of war or as part of the prison complex - such origins were far from the asylum buildings designed to offer retreat and fresh air to aid recovery. For women who had committed crimes while temporarily affected by

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<sup>116</sup> Baird, ‘Transfer of Scottish Prisoners’: 52; 55 - 56; 60; 63.

<sup>117</sup> Andrews, “The Boundaries of Her Majesty’s Pleasure”, 218.

<sup>118</sup> Walsh, Oonagh. “Gender and Insanity in Nineteenth Century Ireland”. In *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, ed. Jonathan Andrews and Anne Digby, 69 - 94. Rodopi, 2004: 79; Pauline M. Prior, “Prisoner or Patient? The Official Debate on the Criminal Lunatic in Nineteenth-Century Ireland”. *History of Psychiatry*, 15, no 2 (2004): 181.

<sup>119</sup> State Hospital (Carstairs State Hospital). <https://www.scottish-places.info/features/featurefirst8106.html>. [Accessed 21/6/18].



puerperal insanity, these surroundings must have seemed especially unsuitable, and such women were also especially likely to be ‘discharged as recovered’ after a reasonably short stay in the prison at Perth.<sup>120</sup> The cases of some of these women will be looked at in detail in Chapter Five.

*‘Of the very first moral powers’: Staffing the asylums*

Within the asylum community, while the Superintendent held the position of most visibility, a variety of principal officers and staff contributed to the running of the institution, and to the care of the patients. The balance and structure of the staff shifted according to changes in the size and scope of the asylums, in the legislation that influenced their management, and in the education and backgrounds of those involved.

Overview of roles and responsibilities

At Montrose, the asylum had operated for many years under the control of a lay head ‘keeper’ – for the first forty years, a Mr James Booth performed this role. Medical services were provided on an unpaid basis by local doctors on a monthly rota.<sup>121</sup> By 1799, the directors began to acknowledge that this loose arrangement was no longer suitable, and they provided payment for an attending surgeon or physician.<sup>122</sup> This was largely at the insistence of Susan Carnegie, and she continued to argue for a resident physician.<sup>123</sup> Although this was formally proposed in 1826, such an appointment was not made at Montrose until 1834, when W.A.F. Browne took up the position of

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<sup>120</sup> Andrews, ‘The Boundaries of Her Majesty's Pleasure’: 218.

<sup>121</sup> Presly, *A Sunnyside Chronicle*: 3.

<sup>122</sup> *Ibid.*: 4.

<sup>123</sup> David Henderson. ‘The History of the Royal Scottish Mental Hospitals.’ *The Scottish Society of the History of Medicine*, 1963: 11.

permanent Medical Attendant or Superintendent at an annual salary of £150 per annum ‘in full of all perquisites and emoluments whatever’.<sup>124</sup>

The duties of the new Superintendent included the ‘sole charge, superintendence and, and responsibility, of the Lunatic Department’; he was furthermore charged with keeping ‘a book or register of the dates of ... admission’, in which he would also enter ‘the Medical or Moral treatment he has adopted in each case’.<sup>125</sup> The Montrose managers also then created a new management structure under the Superintendent with a male Head Keeper and a female Matron responsible for the day-to-day running of the asylum.<sup>126</sup> The Superintendent was assisted by two Medical Attendants (still local physicians, but now receiving a salary, and appointed on a yearly basis), who were primarily employed in the Infirmary and Dispensary but were required to assist Browne ‘in regard to the Moral or Medical treatment of any of the Lunatic Patients under his charge’.<sup>127</sup>

The establishment at Dundee Lunatic Asylum had likewise initially been managed by a lay Superintendent, together with a Matron and a Visiting Physician. As outlined in the Regulations for the Management of the Dundee Lunatic Asylum drawn up in March 1817, the Physician was to visit ‘three times a-week,’ and ‘examine each patient at least once a-week,’ and was in theory the principal officer in charge of the asylum.<sup>128</sup> The Superintendent’s role was originally principally managerial and involved in running the day-to-day business of the establishment. The regulations had also planned for the appointment of an Apothecary, whose duty it was to keep the case books and

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<sup>124</sup> Presly, *A Sunnyside Chronicle*: 8; (DUA) THB 23/18/2 *Memoranda* by Richard Poole: 97 - 98.

<sup>125</sup> (DUA) THB 23/18/2 *Memoranda* by Richard Poole: 94 - 95.

<sup>126</sup> *Ibid.*: 96; 97; 99.

<sup>127</sup> *Ibid.*: 94.

<sup>128</sup> Dundee Local History Centre (DLHC), Lamb Collection: Regulations for the Management of Dundee Lunatic Asylum, 434 (2): 9.

administer medicines.<sup>129</sup> In practice, however, this appointment was never made, and those duties also fell to the Superintendent.<sup>130</sup>

A Mr and Mrs Radley, who had apparently previously worked for asylum-owner Thomas Warburton in London, initially ran the Dundee asylum, with the assistance of local physician Alexander Ramsay.<sup>131</sup> On the departure of Mr and Mrs Radley in 1830, William Radley was succeeded by Alexander Mackintosh who was awarded of his ‘Degree of Surgeon’ by the University of St Andrews in 1833, although he was still assisted by a physician who visited ‘punctually three times a week’.<sup>132</sup> When Patrick Nimmo was replaced as Attending and Consulting Physician in 1856 by Robert Cocks, the requirement for the Physician to visit the asylum was reduced to once a week, and the salary reduced from £100 to 50 guineas per annum.<sup>133</sup>

The partnership of Medical Superintendent and Matron became the managerial template at Dundee. The early matrons functioned very much as housekeepers, and indeed the terms were at times used somewhat interchangeably at the Montrose asylum.<sup>134</sup> As outlined in the Regulations for the Management of the Dundee Lunatic Asylum, the role of the Superintendent was to ‘superintend the whole establishment, regulating the business according to the rules of the Institution, in the manner best fitted to ensure the safety, the comforts, and the cure of every patient’; and the role of the

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<sup>129</sup> (DLHC) Lamb Collection, Regulations: 12 – 13.

<sup>130</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 24.

<sup>131</sup> Henderson, ‘History of the Royal Scottish Mental Hospitals’: 16.

<sup>132</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 56 - 57

<sup>133</sup> *Ibid.*: 65.

<sup>134</sup> The Montrose Asylum operated over two sites, the old asylum building and the new site at Sunnyside, until the sale of the old asylum. During this time, the female lead at the new site was referred to as Housekeeper. Staff moved upward from roles at the old asylum to the new, suggesting that the higher status roles were based at the new asylum.

Matron was ‘to exercise over the Female Servants, Keepers, and Patients, a superintendence similar to that of the Superintendent over the males’.<sup>135</sup>

When replacing Mr and Mrs Radley, the directors made a deliberate decision not to employ another husband and wife to the roles, in the belief that two unrelated officers would ‘act as a salutary check upon each other and thus insure (sic) a more regular and faithful discharge of the duties of both’ (though this was not, apparently, intended to reflect in any way on the actions or behaviour of Mr and Mrs Radley).<sup>136</sup> This move was subsequently somewhat subverted in 1854, when Superintendent Thomas Wingett married his Matron, the widowed Marjory Kilgour, and indeed again in 1904 when, shortly before his appointment as Medical Superintendent in 1904, William Tuach Mackenzie married Annabel Irvine, Matron of the Dundee asylum for four years.<sup>137</sup>

As the century progressed, the asylum staff grew to include assistants to the principal roles, largely in response to the growing numbers of patients. In 1855, the managers at Montrose reported the appointment of a Medical Assistant and an Assistant Physician, described as ‘two important additions to our medical staff’.<sup>138</sup> In the same year, an article in a local newspaper deplored the lack of a Resident Assistant for the Thomas Wingett, then Superintendent, though noting that the asylum employed ‘numerous attendants’.<sup>139</sup> An appointment was made a few years later, on account of Wingett’s ill health, and that assistant, James Rorie, would become Superintendent upon the death of the former.<sup>140</sup> The position of Medical Assistant or Assistant Superintendent was often a stepping stone to the highest position in the asylum, or to

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<sup>135</sup> (DLHC) Lamb Collection, Regulations: 11; 13.

<sup>136</sup> (DUA) THB 7/5/1/3, Minute Book (1829 - 1836): 66.

<sup>137</sup> Marriage index record for Thomas Tozer Wingett and Marjory Forbes Dow, 30 June 1854, *Scotland, Select Marriages, 1561-1910*, FHL Film Number 993404. <<http://www.ancestry.com>> [Accessed 18/2/19]; ‘Marriage of Dundee Doctor’. *Dundee Evening Telegraph*, 7 July 1904: 4.

<sup>138</sup> (DUA) THB 23/3/1/1 Directors report for 1856: 20.

<sup>139</sup> ‘Dundee Royal Lunatic Asylum’. *Dundee, Perth and Cupar Advertiser*, 22 July 1856: 4.

<sup>140</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 78.

positions in other asylums, and often had a high turnover rate - in the last decade of the century, at Dundee, the incumbent of the Medical Assistant's position changed almost on a yearly basis, while Medical Superintendents often remained in their roles for many years, even decades.<sup>141</sup>

The major decisions about asylum policy and management, however, were taken at a Board level, by the directors of the asylums in consultation with the superintendents and principal officers. What contributions the Matrons were able to make at this level is not clear, as such input is not mentioned in the annual reports. It does not appear, moreover, that at any time through the nineteenth century, at Dundee and Montrose, that there were ever any female members on those Boards, although Susan Carnegie, as noted earlier, retained some say in the running of the Montrose asylum and was involved in its governance until her death in 1821.<sup>142</sup> Although there were certainly active female philanthropists in Dundee in the mid- to late-nineteenth century, such as Lady Jane Ogilvy, wife of Sir John Ogilvy, who is credited with involvement in the establishment of the Baldovan Institute for Imbecile Children in Dundee, and the Home, a refuge for women, no women seem to have had any influence or involvement of any significance in the Dundee asylum. Although women were able to qualify as doctors by the end of the nineteenth century, this had no obvious impact on Dundee and Montrose asylums. Female doctors began to appear among the ranks of those providing medical certificates for admission to the asylum at the beginning of the twentieth century (although there was only one incidence of a female doctor signing a medical certificate among the patients selected for this research) but remain otherwise absent from the picture.<sup>143</sup>

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<sup>141</sup> (DUA) THB 7/4/1/8, 76<sup>th</sup> - 80<sup>th</sup> Annual Reports (1890 - 1900).

<sup>142</sup> Cormack, *Susan Carnegie*: 290.

<sup>143</sup> (DUA) THB 7/8/10/8: 58.

## Medical Superintendents

The Medical Superintendents at Montrose and Dundee were, as elsewhere, university educated and well paid, and in the later part of the nineteenth century had often served as medical officers before stepping into the top position in the asylum. They were members of the intellectual and medical societies, contributed to journals and periodicals and moved between asylums in the course of their careers.

Following the departure of W.A.F. Browne to the Crichton Royal, the position of superintendent at Montrose was filled by Richard Poole, a graduate of the University of St Andrews and Fellow of the Royal College of Physicians of Edinburgh.<sup>144</sup> He had a keen interest in phrenology, was an ‘enthusiastic and able member’ of a northern Phrenological Society, and was a prolific contributor to encyclopaedia and publications on the subject of education and mental disease.<sup>145</sup> Poole remained at Montrose until 1845, before leaving to take charge of Middlefield House, a private asylum with accommodation for fifteen patients, in Aberdeenshire.<sup>146</sup> Between 1845 and 1857, the Montrose asylum struggled to retain a long-serving Medical Superintendent, going through three in thirteen years. John McGavin, on his arrival at Montrose in 1845, was unimpressed with the state of the asylum and declared that at least ninety-seven of the patients then in treatment were incurable.<sup>147</sup> McGavin, who was awarded his MD from the University of Glasgow 1844, stayed only until 1849 (and by 1861 he was no longer practising medicine).<sup>148</sup> He was followed by Thomas Coutts Morison, son of celebrated

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<sup>144</sup> The Medical Directory for Scotland, 1855, UK and Ireland Medical Directories 1845 - 1942. Richard Poole. Ancestry.com <<http://www.ancestry.com>> [Accessed 30/6/19]: 56.

<sup>145</sup> ‘Obituary: Dr Richard Poole,’ *The Lancet*, March 26, 1870: 467 – 468.

<sup>146</sup> Richard Poole. ‘Testimonials in Favour of Richard Poole, M.D. Fellow of the Royal College of Physicians of Edinburgh.’ Royal College of Physicians of Edinburgh. 1829: 21; Scottish Lunacy Commission Report 1857: 132.

<sup>147</sup> (DUA) THB 23/3/1/1, Directors Report for, 1845: 20.

<sup>148</sup> University of Glasgow Graduate Record John McGavin, <https://universitystory.gla.ac.uk/biography/?id=WH13633&type=P> [Accessed 30/6/19]; ‘John D

Scottish alienist Sir Alexander Morison, who occupied the position only until 1854.<sup>149</sup> Dumfries-born James Gilchrist, appointed on Morison's departure, would leave in 1857 to return to the Crichton Royal in Dumfries, where he had previously served as a Medical Officer.<sup>150</sup>

The mid-century period at Montrose therefore was marked by the quick succession of its superintendents who did little to further the interests of the asylum. With the appointment of James Howden in 1857, the asylum would acquire its longest-running Superintendent, and one who would immerse himself in its progress and reputation. A graduate of Edinburgh University, Howden was only twenty-seven when he took up his position at Montrose, having previously worked in Edinburgh Royal Asylum. He devoted himself to the success of the Montrose Asylum, and his life became 'so intimately associated with the development of the institution that it [was] almost impossible to separate the one from the other.'<sup>151</sup> His contemporary John Batty Tuke, one of Scotland's most influential psychiatrists and a leading authority on the subject of puerperal insanity, was among the executors of his estate, and indeed one of the pall bearers at his funeral in 1897.<sup>152</sup> Howden was succeeded by his Assistant Superintendent, John Havelock.<sup>153</sup> Havelock, who had been working at the asylum since 1889, a position he had gained on Howden's recommendation, would remain at Montrose until 1914. He was a graduate of the University of Edinburgh, had worked at Edinburgh Royal Maternity Hospital and in general practice.<sup>154</sup>

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McGavin', *1861 Scotland Census*. Parish: Collessie. ED: 4; Page: 4; Line 11. <<http://www.ancestry.com>> [Accessed 30/6/19].

<sup>149</sup> Scull, *Masters of Bedlam*: 158.

<sup>150</sup> 'Death of Dr Gilchrist, Dumfries'. *Annandale Observer*, 11 December 1885: 2.

<sup>151</sup> 'The Late Dr Howden, Sunnyside, the Funeral.' *Dundee Courier*, 23 August 1897: 5.

<sup>152</sup> *Ibid.*

<sup>153</sup> 'Death of Dr. Howden, Montrose.' *Dundee Courier*, 18 August 1897: 4.

<sup>154</sup> 'Sunnyside Asylum Superintendent. Appointment of Dr. Havelock.' *Dundee Courier*, 9 June 1897: 5.

Alexander Mackintosh, who was Medical Superintendent at Dundee from 1830 until 1848, was enthusiastic about new ideas in asylum management and the care of the insane. Soon after arriving at Dundee, he undertook a tour of ‘all the most celebrated Lunatic Asylums in Britain, and also of the Salpêtrière in Paris, and the Royal Lunatic Asylum, and Dr Esquirol’s private establishment at Charenton’, to learn from the practices at these asylums and consider their suitability in his own establishment.<sup>155</sup> He moved on from his position at Dundee for an appointment at Glasgow Royal Asylum, beating twenty-seven other candidates to the position. He was succeeded as Superintendent at Dundee by Thomas Tozer Wingett.<sup>156</sup> Wingett had previously worked as an apothecary at the Crichton Royal Asylum under W.A.F. Browne, who was in fact his cousin, where he was described as ‘Dr Browne’s first apprentice and assistant’, before leaving to continue his medical studies, and had also served as Senior Medical Assistant at the Royal Edinburgh Asylum at Morningside.<sup>157</sup> He was described by Browne as ‘a man of matured judgement and extensive experience’ who united ‘a thorough acquaintance with the philosophy of Insanity with sound *practical views*’ (sic).<sup>158</sup>

When Wingett was forced to retire as the result of an accident in 1859, his place as Superintendent was, as noted earlier, filled by his assistant, James Rorie, who, like Howden at Montrose, would remain in this situation for four decades until his retirement in 1903. Rorie, a graduate of Edinburgh University, had worked as assistant superintendent at the asylum for a year, and, according to his obituary in the *British*

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<sup>155</sup> (DUA) THB 7/4/2/2, 10th Annual Report (1830), 7; (DUA) 7/13/5 *History of the DRLA* by James Rorie: 48.

<sup>156</sup> Barfoot, Michael. ‘David Skae: Resident Asylum Physician; Scientific General Practitioner of Insanity.’ *Medical History* 53, no. 4 (2009): 485.

<sup>157</sup> Charles Cromhall Easterbrook, and J. Crichton-Browne. *The Chronicle of Crichton Royal (1833-1936): Being the Story of a Famous Mental Hospital During Its First Century*. Courier Press, 1940: 35.

<sup>158</sup> (DLHC) Lamb Collection, Testimonials of T.T. Wingett: 9.



*Medical Journal*, was ‘keenly alive’ to ‘the scientific study of insanity,’ including the role of the laboratory work and ‘modern advances’ in the examination of mental disease. It was under Rorie’s supervision that the asylum was relocated to its new site. He lectured in mental disease at the University of St Andrews and was President of Forfarshire Medical Association and the Dundee branch of the British Medical Association.<sup>159</sup> Rorie was in turn succeeded by William Tuach MacKenzie, a graduate of Aberdeen University, who remained in the post until 1937. Mackenzie had previously worked at Aberdeen Royal Infirmary and the Rotunda Hospital in Dublin, and at the Giggleswick Union workhouse in Yorkshire.<sup>160</sup> Like Rorie, he lectured at St Andrews, and he was known locally as ‘a recognised authority on mental disease’, serving as an expert witness in criminal trials. He was also apparently credited with introducing ‘occupational therapy’ to the Dundee asylum.<sup>161</sup> Like Rorie before him, Mackenzie had served as an Assistant Medical Officer.

The mid-nineteenth century therefore saw a rapid changeover of Superintendents at the Montrose asylum but in the latter half of the nineteenth century, both the Dundee and Montrose asylums benefited from the appointment of Superintendents who would remain at the asylums for several decades.

## Matrons

Like the Medical Superintendents, the women who performed the role of Matron/Housekeeper were often associated with the institution long term. Mrs Wright, appointed to the position of Matron at Montrose in 1849, had been ‘Principal Female

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<sup>159</sup> ‘Obituary: James Rorie, M.D. Consulting Physician, Dundee Royal Asylum.’ *British Medical Journal*, 1: 2624 (1911): 110.

<sup>160</sup> ‘Death of Dr W T Mackenzie’. *Aberdeen Press and Journal*, 22 June 1937: 9.

<sup>161</sup> ‘Dr Tuach Mackenzie Dead’. *Dundee Courier*, 22 June 1937: 5.

Keeper' for six years and had performed the previous matron's duties during her illness, and she would remain with the asylum for nearly thirty more years.<sup>162</sup> Helen Burness, first listed among the asylum staff in 1861, moved from Matron of the old asylum at Montrose into the position of Head Female Attendant at the new Sunnyside site in 1863, rising to the position of Housekeeper/Matron in 1878, when she was referred to by James Howden as 'an old and faithful servant of the Institution' - she was still acting as Matron of the Montrose Asylum in 1890.<sup>163</sup>

Medical training of any kind in the early and mid-century period was not considered necessary for the role of Matron, though at least two of the matrons at Dundee came from medical families. Mrs James (Henrietta) Hunter, appointed as matron in 1830, was the widow of a surgeon and daughter of John Haslam, apothecary at Bethlem Hospital, and had herself worked there as Matron, and as such was regarded as 'familiar with all the details and management of Lunatic Institutions from her very infancy.'<sup>164</sup> Her replacement Marjory Kilgour (later Mrs Wingett), appointed in 1841, was noted to have 'had no experience of the insane' but was said to be 'an individual of excellent education and abilities, of affable manner and good address, and of the very first moral powers'.<sup>165</sup> These qualities seem to have been regarded as more important for her role over any actual medical understanding. Marjory Kilgour was, however, at the time of her appointment the widow of a physician, Alexander Muir Kilgour, who had had a practice in Dunkeld, Perthshire, and as a doctor's wife, Marjory would have had an important role in the running of the practice.<sup>166</sup>

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<sup>162</sup> (DUA) THB 23/3/1/1 Directors' Report for 1849: 17; THB 23/3/1/2, Directors' Reports 1849 - 1876.

<sup>163</sup> (DUA) THB 23/3/1/2 Directors' Report for 1878: 22.

<sup>164</sup> (DUA) THB 7/13/5 *History of the DRLA* by James Rorie: 26.

<sup>165</sup> *Ibid.*: 42.

<sup>166</sup> Marriage index record for Alexander Muir Kilgour and Marjory Forbes Dow, 30 November 1823, *Scotland, Select Marriages, 1561-1910*, FHL Film Number 1066763, 0103068.

The Matron's attributes were expected to combine the practicalities of running the household side of the institution with caring, gentle and sympathetic qualities. Richard Poole praised Mrs Garden, employed as Matron at Montrose during his tenure, as motivated by 'the great law of kindness'; and in her performance of her role, he noted that she 'lightened my own anxieties' and 'diffused as much peace and happiness as could be received by the pitiable subjects of our joint charge.'<sup>167</sup> On the death of her successor, Mrs Brown, in 1849, John McGavin wrote:

By her death, society has been deprived of a useful life - the Institution has lost a most valuable officer - and the unfortunate objects of her care and solicitude have been left to lament the departure of one whose ear was ever open to their tales of distress and whose sympathy was as unbounded as it was sincere ... During the six years she discharged the onerous and important duties of Matron, her patient consideration of every interest connected with her department, and her unceasing efforts to inspire all around her with happiness were such as to merit their highest approbation.<sup>168</sup>

These comments from the asylum annual reports, while acknowledging the importance of the role in the running of the institution, nevertheless prioritized the feminine and essentially maternal qualities that the Matron was expected to display.

While matrons were required to be motherly, they were also required to be fit, active and healthy. The Directors at Dundee had deliberated for some time and had met with a number of suitable candidates before appointing Henrietta Hunter as Matron in 1830.<sup>169</sup> A Mrs Margaret Powell was in fact initially offered the position of Matron, but the offer was withdrawn when it was discovered that she was older than her personal appearance had suggested, and that 'being upwards of Fifty Four in a period of life [too] far

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<<http://www.ancestry.com>> [Accessed 30/6/19]; Pigot & Co.'s new commercial directory for Scotland for 1825 - 1826. National Library of Scotland. <https://digital.nls.uk/directories/browse/archive/85568178>. [Accessed 30/6/2019]: 584.

<sup>167</sup> (DUA) THB 23/18/2 *Memoranda* by Richard Poole: 161.

<sup>168</sup> (DUA) THB 23/3/1/1 Directors' Report for 1849: 17.

<sup>169</sup> (DUA) THB 7/5/1/3, Minute Book (1829 - 1836): 79.

advanced ... to commence the active and arduous duties of Matron in such an establishment as the Asylum'.<sup>170</sup> Mrs Garden, at the age of forty-seven, had been considered a better candidate, though the role finally went to Mrs Hunter, then aged around twenty-eight.<sup>171</sup>

Furthermore, as the Matron would be responsible for looking after the much sought-after private as well as pauper patients, her social class needed to be acceptable to the more affluent. Respectable ladies in the mid-nineteenth century did not, however, usually earn their own income. For widowed women from respectable backgrounds, the role of Matron was one which offered some financial security. Although Scotland had a number of organizations established by various professions to support families and dependents, in general only men at the top of their professions were able to provide worthwhile insurance for their dependents.<sup>172</sup> Most physicians during the early nineteenth century, for example, would not have fallen into this category.<sup>173</sup>

Opportunities such as the role of Matron indicate that, for those widows whose annuity was insufficient to support 'a respectable lifestyle', there were alternatives to the lifetime of dependency on relatives suggested by Davidoff and Hall.<sup>174</sup> The prospect of board and lodgings may also have made the position attractive, especially for women with young children. Henrietta Hunter's daughter Harriet Eliza lived with her mother while she worked as Matron at Bethlem Hospital and had possibly lived with her at the

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<sup>170</sup> *Ibid.*: 82 - 3.

<sup>171</sup> *Ibid.*: 79; (NRS) Statutory registers, index. Deaths in the District of St Peter, Dundee, 1878, Haslam or Hunter, Henrietta, aged 76: 282/1 34. <<https://scotlandsppeople.gov.uk>> [Accessed 11/6/2019].

<sup>172</sup> Curran, Cynthia. 'Private Women, Public Needs: Middle-Class Widows in Victorian England.' *Albion: A Quarterly Journal Concerned with British Studies* 25, no. 2 (1993): 223; 220.

<sup>173</sup> *Ibid.*: 219.

<sup>174</sup> Davidoff, Leonore, and Catherine Hall. *Family Fortunes*. Routledge, 2002: 285.

Dundee asylum, and Marjory Kilgour's young son James was certainly resident there as a child and as a young man.<sup>175</sup>

The Directors at Dundee seem to have made a particular effort to attract the right kind of woman to fill the role of Matron. When considering the appointment of a replacement for Henrietta Hunter in 1841, the Directors noted:

If the Dundee asylum were to be the retreat of female patients of the better educated and upper ranks of like, it was indispensable to have at the head of it a Matron who was herself a lady, and possessed of those acquirements and accomplishments which might render her a fitting and proper companion as well as watchful guardian over the safety and security of patients.<sup>176</sup>

Perhaps on account of this enthusiasm to convey high standards, the position of Matron at Dundee was rather well paid. In 1835, the salary paid to Henrietta Hunter had been £70 per annum, plus a gratuity of £15 15s 8d. This was some degree behind the Superintendent's salary, then £120 with the same gratuity, but only slightly less than the salary of £75 paid to the Physician.<sup>177</sup> The previous year, the asylum at Montrose had been paying the Matron a salary of only £20 per annum.<sup>178</sup> The role of Matron at Dundee was therefore not surprisingly highly sought after, and when the position was advertised in 1841, thirty-three candidates applied.<sup>179</sup> By 1857, the Matron's salary at Dundee was £100 per annum, while the Matron at Montrose was being paid £45 per annum.<sup>180</sup> The Matron's salary at Dundee was therefore more in line with the salaries paid to the principal female officers at Glasgow (£100) and Edinburgh (£105) and

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<sup>175</sup> 'Harriott Eliza Hunter', *1841 England Census*. Civil Parish: St George the Martyr. County: Surrey. ED: Bethlem Hospital; Folio: 4; Page: 2; Line: 13. <<http://www.ancestry.com>> [Accessed 11/6/2019]; 'John Cunningham Kilgour,' 1841 Scotland Census. Parish: Dundee. ED: Dundee Royal Lunatic Asylum; Page: 1; Line: 700. <<http://www.ancestry.com>> [Accessed 30/6/2019].

<sup>176</sup> (DUA) THB 7/4/2/6, 21st Annual Report (1841): 4.

<sup>177</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 35.

<sup>178</sup> (DUA) THB 23/18/2 *Memoranda* by Richard Poole: 97.

<sup>179</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 42.

<sup>180</sup> Scottish Lunacy Commission Report 1857: 54; 83.

slightly ahead of the Matron's salary at Dumfries (£80).<sup>181</sup> This suggests that the management of the asylum at Dundee particularly valued the role of Matron within the institution.

These changing patterns reflect a move away from the married/widowed and truly 'matronly' figure of the female lead to an unmarried professionally trained figure. The latter part of the century was characterized by movement of female staff between positions and the many new district asylums which followed the 1857 Lunacy Acts. In 1864, Miss Brand, Matron of the old asylum at Montrose, left for a position as Matron at Perth District Asylum and was succeeded by Miss Ross, 'who had been for some time in the service of the Institution'.<sup>182</sup> The following year, Miss Ross left to be Matron at Inverness District Asylum, and was replaced by Miss Roberts, an occasion on which the Superintendent noted that 'the ranks of our female attendants have supplied useful and efficient female officers'.<sup>183</sup> The female officers in charge of the private facilities opened later in the century, Gayfield House at Montrose and Gowrie House at Dundee, were known by the title 'Lady Superintendent', which reflected the clientele's expectations of a higher class of staff but did not seem to equate to any power over decisions and policy within the wider asylum.<sup>184</sup> Emily Chappell, who became Matron at Montrose in 1892, was noted as being 'a certified nurse trained at the Edinburgh Royal Infirmary'.<sup>185</sup> Annabel Irvine, who became Matron at Dundee in 1899, already had a professional career behind her, having worked as a private nurse in Melbourne, Australia, between 1893 and 1895, as a sister in the Western Infirmary, Glasgow, where she undertook her training and gained her certificate in nursing, and was among those at

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<sup>181</sup> *Ibid.*: 76; 64 - 65; 47.

<sup>182</sup> (DUA) THB 23/3/1/2 Directors' Report for 1864: 15.

<sup>183</sup> (DUA) THB 23/3/1/2 Directors' Report for 1865: 11.

<sup>184</sup> (DUA) THB 23/3/1/2 Directors' Reports for 1876 and 1878.

<sup>185</sup> (DUA) THB 23/3/1/3 Directors' Reports for 1892: 12; 1893: 13.

Dundee awarded the Medico-Psychological Association's Certificate of Nursing and Proficiency in Nursing and Attending the Insane in 1899.<sup>186</sup>

The role of Matron was therefore initially one of respectable status and at the Dundee asylum seems to have been particularly highly valued. Like the superintendents, they could also be long serving and potentially well-paid, with the provision of accommodation, though necessitating a life on-site, a valuable asset. As the century progressed, increasing opportunities for education offered increased flexibility and prospects for advancement, possibly to a greater degree than their male counterparts, who relied on a university education to gain principal roles. This did not, however, translate into the employment of female physicians within the asylums.

#### Asylum Staff

In addition to the principal officers, the asylums were staffed by a number of 'keepers', later known as 'attendants', who looked after the patients, as well as domestic servants, such as cooks, gardeners, kitchen and housemaids, laundresses and other household staff. In 1857, when a daily average of 218 patients occupied the Dundee asylum, ninety-six of whom were female patients, the asylum employed nine male and ten female attendants, in addition to a domestic staff of fourteen servants.<sup>187</sup> The Montrose asylum employed ten male attendants and twenty female attendants and domestic staff, caring for around 252 patients, 145 of whom were female.<sup>188</sup> Keepers/attendants were expected to carry out their duties with 'good humour, sensitivity and understanding,'

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<sup>186</sup> Burdett's Official Nursing Directory, 1898, UK and Ireland Nursing Registers. Annabella Lamond Irvine. Ancestry.com <<http://www.ancestry.com>> [Accessed 30/6/2019]: 440; 'Dundee Royal Asylum'. *Dundee Courier*, 5 May 1899: 6.

<sup>187</sup> (DUA) THB 7/4/1/9 90<sup>th</sup> Annual Report (1910): 23, Table IV; Lunacy Commission Report 1857: 54.

<sup>188</sup> Scottish Lunacy Commission Report 1857: 83; (DUA) THB 23/3/1/1 Directors' Report for 1857: 6.

while the physical aspects of the job required considerable strength.<sup>189</sup> Expectations were extremely high, but wages were poor. Paid at similar levels to workhouse staff, asylum keepers were likely to be drawn from ‘the lower echelons of the urban or rural working classes.’<sup>190</sup> They were likely to be ill-trained and ‘ill-equipped’ for the demands they faced, particularly in relation to the conflict between ‘the interests of care and cure on the one hand, and secure containment on the other.’<sup>191</sup>

Staff at Dundee were directed to treat all patients with respect and kindness, and to ‘forgive all petulance or sarcasms, and treat with equal tenderness those who give the most and those who give the least trouble.’<sup>192</sup> Until the late nineteenth century, asylum staff received little training, and were expected only to be kindly, active, zealous, and, above all, promptly as well as respectfully obedient’.<sup>193</sup> The Directors at Dundee recognised that the demands made on the staff were high with little apparent reward:

The only mode for inducing qualified individuals to undertake such harassing, disagreeable, and difficult duties, and to persevere in such offices, is for those in authority over them to do everything possible to promote their happiness and contentment, to encourage them to feel an attachment for their afflicted charges, and to induce them to understand that their position, although apparently lowly esteemed, is in reality one of high importance and responsibility.<sup>194</sup>

The question of restraint was a constant issue, as the asylums sought to reduce or eradicate mechanical methods, but control of violent or troublesome patients required the employment of a sufficient number of experienced and capable attendants. At

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<sup>189</sup> L. D. Smith, ‘Behind Closed Doors; Lunatic Asylum Keepers, 1800–60.’ *Social History of Medicine* 1, no. 3 (1988): 305.

<sup>190</sup> *Ibid.*: 326.

<sup>191</sup> *Ibid.*: 326.

<sup>192</sup> (DLHC) Lamb Collection, Regulations: 15.

<sup>193</sup> Presly, *A Sunnyside Chronicle*: 20.

<sup>194</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 65.



Dundee in 1841, the directors commented that the abolition of restraint must depend ‘on a liberal supply of careful attendants.’<sup>195</sup>

In 1886, James Rorie was exploring the possibilities of Dundee Asylum becoming ‘a means of medical education,’ claiming that the changing nature of the asylum population was enabling the Asylum to prioritise curative over custodial purposes, and he was keen to forge new connections with the developing University College at Dundee.<sup>196</sup> The following year, he was pleased to report that a range of lectures had been delivered to nurses, attendants and servants ‘on a much more extended scale than that of last year.’ Fourteen lectures were delivered, which ‘embraced not only the duties required of all in their dealings with patients, but also included elementary instruction in Physiological Anatomy and Mental Science.’<sup>197</sup> A training scheme, launched in 1891 by the Medico-Psychological Association, began to provide some qualifications for attendants, and by 1893 the management at Montrose had ‘instituted a course of ambulance lectures’ for the benefit of the nurses and attendants, assisted by members of the female staff who were themselves certified nurses, leading to examination and the award of the Diploma of Efficiency in Nursing.<sup>198</sup> In 1899, the Directors at Dundee proudly declared that ‘the age of trained nursing in asylums has dawned’ though still expressing concern at the problems of finding ‘suitable persons for training.’<sup>199</sup> Nevertheless, the 1901 report proudly published a list of officers, nurses and attendants who had been awarded the Certificate of the Medico-Psychological Association for Proficiency in Nursing and Attending on the Insane.<sup>200</sup>

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<sup>195</sup> *Ibid.*: 42.

<sup>196</sup> (DUA) THB 7/4/1/6, 66<sup>th</sup> Annual Report (1886): 32.

<sup>197</sup> (DUA) THB 7/4/1/6, 67<sup>th</sup> Annual Report (1887): 36.

<sup>198</sup> Presly, *A Sunnyside Chronicle*: 20.

<sup>199</sup> (DUA) THB 7/4/1/8 79<sup>th</sup> Annual Report (1899): 23.

<sup>200</sup> (DUA) THB 7/4/1/8, 81<sup>st</sup> Annual Report (1901): 22.

By the late nineteenth century, the asylums supported the education and training of their staff, with lectures within the institutions and increasing emphasis on the qualifications of those employed in principal roles. The greatly enlarged network of asylums in Scotland and beyond provided opportunities for single women to move between institutions in an upward career pattern, echoing the movement of superintendents earlier in the century between the seven chartered asylums in Scotland. Towards the end of the century, therefore, there was an increasing professionalization of asylum staff, to the benefit of staff, institutions and patients.

### *Summary*

Browne's template for asylum management and patient care, outlined in *What Asylums Are, Were And Ought To Be*, detailed a reformed approach, in which the asylum operated as 'a hive of therapeutic activity, under the benevolent autocratic guidance' of the Superintendent – the asylum as an 'attainable Utopia.'<sup>201</sup> Thomas Tozer Wingett, in 1857, had commented that the community at Dundee united staff and residents in 'a common philosophy of benevolence and sympathy'.<sup>202</sup> Within this system, the views, interests and priorities of the Superintendent, the benign autocrat, to a great extent determined the functioning, practices and attitudes of the establishment, permeating through all aspects of asylum life, to the very notes and diagnoses on which the patients' treatment was based. The Dundee asylum enjoyed longer periods of stability in the role of Superintendent, with only four men occupying this position in the period 1820 - 1930 (one very temporarily), while the Montrose asylum would see twice as many, with a particular period of instability in the mid-nineteenth century. Both asylums achieved relative consistency in the latter part of the nineteenth during the

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<sup>201</sup> Scull, *The Asylum as Utopia*: xv.

<sup>202</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 68.

tenures of James Rorie and James Howden, and both these men were highly engaged and personally invested in the asylum's progress and success.

The role of the Matron was also a crucial one in the asylum as a whole, but especially for the female patients who are the focus of this study, and the relationship between Superintendent and Matron is likely to have had a significant impact on the ethos and attitudes in each establishment. Despite changes in the status of women towards the end of the century, women had little influence in the major decisions made about the asylum. The significance of the role of the matron, and her staff of female servants, attendants and nurses, would, however, have contributed to the care and diagnosis of the patients. In addition, changing patterns of employment and the increasing professionalisation of medical services led to an expanding team of increasingly educated and qualified staff, both male and female.

Beyond all this, the asylums existed within a changing system of ideas and attitudes towards the care of the insane, and one which became increasingly governed by financial decisions about the most economic and efficient way to deal with those whose conditions appeared to be incurable. Major decisions made at board level, by asylum directors and parochial officials, and on a wider level by government bodies and developing legislation, led to tensions between the asylums, and within the asylums themselves, and limited the powers of the Superintendent and his staff to make positive changes to the lives of their patients. By the end of the century, and into the twentieth, both asylums had changed radically in terms of management and administration, as had the social and political world beyond their walls.

While the regime of each asylum may have been influenced by the ideas of the superintendent, many more persons were involved in patient care and on a closer, day-

to-day level, and contributed to the multi-authored nature of the case notes and records, a point which will be discussed in more detail in the next chapter. The voices of the Superintendents, while we know more about their backgrounds and interests, were by no means the only ones which informed the running of the asylum and the care of the patients. During the course of the nineteenth century and into the twentieth, the staffing of the asylums moved from a small number of unqualified servants and keepers to a hierarchical structure of trained medical personnel, who moved between asylums and followed a career ladder. All of this would have had an impact on the patient experience, and on our access to information.

For evidence we are dependent on the records these people made and left behind. The asylum case notes and other official records were all influenced by a number of people, whose responsibilities and roles have been outlined in this chapter, but in many cases, with the exception of the principal officers, we are unable to identify or to assess the extent of their contributions. By identifying the structures in place, we can, however, understand how the records came into being and evolved, with specific relevance to the experience of the female patient at the heart of this study. The voice of the unknown attendant, or the accumulation of contributions over the years, will have influenced the treatment, progress and diagnosis of the asylum patient, while witnesses, jurors, judges and a wealth of officials influence and determine judicial and custodial processes. With particular relevance to this thesis, their ideas, values and attitudes governed their interpretations of the patient, and narratives surrounding postpartum mental health and the puerperal insanity diagnosis.



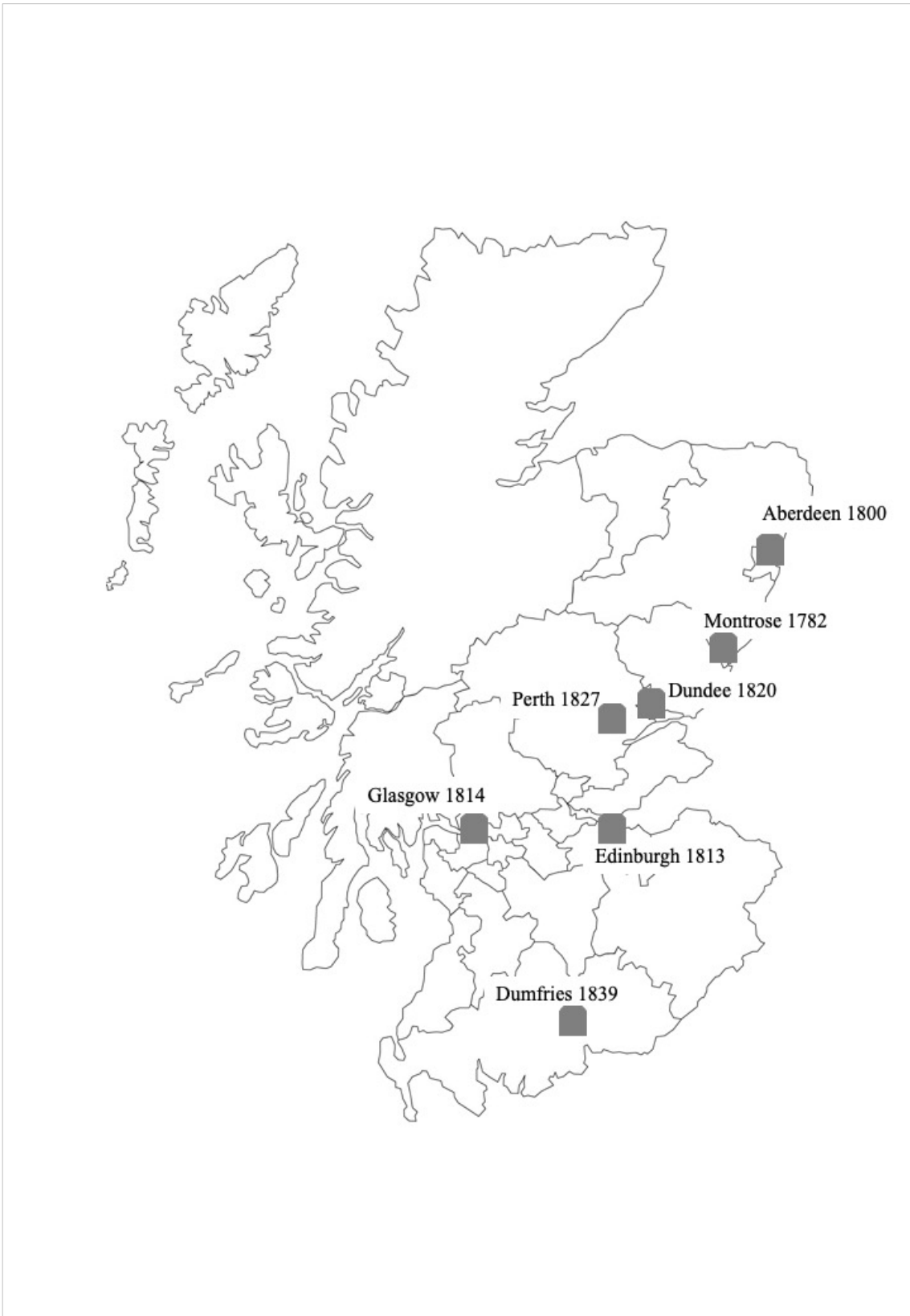


Figure 1:1 Early asylums in Scotland



Table 1:1: Sample Numbers of Male/Female Patients in Montrose and Dundee Asylums						
	Montrose			Dundee		
	M	F	T	M	F	T
1850	75 (51%)	72 (49%)	147	107 (52%)	97 (48%)	204
1855	94 (43%)	124 (57%)	218	115 (55%)	95 (45%)	210
1860	167 (45%)	206 (55%)	373	113 (53%)	99 (47%)	212
1865	180 (43%)	241 (57%)	421	71 (46%)	82 (54%)	153
1870	174 (44%)	220 (56%)	394	101 (53%)	89 (47%)	190
1890	226 (44%)	286 (56%)	512	139 (41%)	199 (59%)	338
1895	260 (44%)	334 (56%)	594	171 (42%)	235 (58%)	406
1900	298 (46%)	354 (54%)	652	170 (42%)	232 (58%)	402
<p>Montrose data from THB 23/3/1/1 - 4, Montrose Asylum Directors Reports, Medical Superintendent's Report, Table 1, Remaining in Asylum 31<sup>st</sup> May each year; Dundee data from THB 7/4/1/9, Dundee Asylum Directors Report 1910, Table IV, Remaining in Asylum 3<sup>rd</sup> Monday in June of each year</p>						







Figure 1:2 Montrose Royal Lunatic Asylum, 1840

From: Poole, Richard. *Memoranda regarding the Royal Lunatic Asylum, Infirmary and Dispensary, Montrose.* J & D Nichol, 1841. Inside Front Cover.

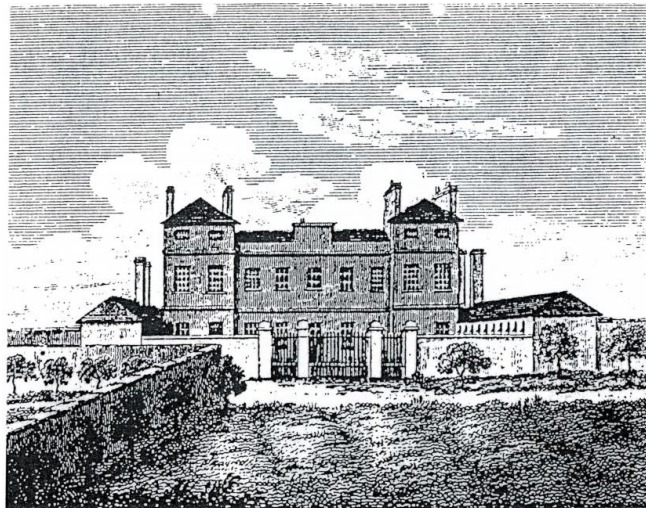


Figure 1:3 Dundee Royal Lunatic Asylum, 1822

From: *Dundee Delineated; Or, A History and description of that town, its institutions, manufactures and commence.* A. Colville, 1822. Opp. Page 116.





Figure 1:4 Montrose Royal Lunatic Asylum (Sunnyside). Completed in 1858.



Figure 1:5 Dundee Royal Lunatic Asylum (Westgreen). c1890.



## Chapter Two

### Locating and measuring puerperal insanity

#### *Introduction*

Robert Gooch's address, delivered in 1819 to the Royal College of Physicians of London and published in the society's *Transactions* the following year, launched 'puerperal insanity' into the medical limelight in Britain.<sup>1</sup> From being a subject that had been largely ignored, the topic of insanity related to pregnancy and childbirth was now 'propelled into the medical arena' and became widely discussed and debated in the medical literature by a range of interested parties from the fields of obstetrics, alienism (as the developing field of psychiatry was then termed) and among those with an interest in the diseases of women.<sup>2</sup> By the mid-nineteenth century, the term was in regular use in medical literature, with many writers drawing on their own observations of patients in their charge as evidence of the symptoms, behaviours and course of the condition. In 1865, John Batty Tuke, who would become one of Scotland's most influential psychiatrists in the late nineteenth century, published a detailed account of his observations of 155 cases of puerperal mania treated at the Royal Edinburgh Asylum, where he was at that time assistant physician. He cited his friend James Howden, formerly of the Edinburgh institution but by then Medical Superintendent of the asylum at Montrose, as one of those who had attended and reported on the cases.<sup>3</sup> This is, however, virtually the only time when the Medical Superintendents at Dundee or Montrose appeared in the medical literature on the subject of puerperal insanity.

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<sup>1</sup> Robert Gooch. 'Observations on Puerperal Insanity,' *Medical Transactions Presented by the College of Physicians in London*. Vol. 6 (1820).

<sup>2</sup> Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004: 28.

<sup>3</sup> John Batty Tuke. 'On the Statistics of Puerperal Insanity as Observed in the Royal Edinburgh Asylum, Morningside: Read before the Medico-Chirurgical Society, 5th April 1865.' Edinburgh, 1865: 3.

This chapter explores how far the ideas and terminology being expressed in the medical literature were adopted in relation to the cases of postpartum women in the Dundee and Montrose asylums, and examines the extent to which we can identify a medical discourse within these asylums linking insanity and childbearing. The chapter begins by focussing on medical knowledge, outlining the contemporary beliefs about female mental and physical health that framed more specific ideas about childbirth, pregnancy and mental illness. The chapter then evaluates how far it is possible to assess the incidence of puerperal insanity, in view of a number of challenges. There are inherent problems in trying to study a condition that was essentially a private matter and necessarily only documented in certain circumstances. The availability of records in which relevant information can be found is restricted to whatever records were created at the time, and dependent on their survival, preservation and current condition. In some cases, restrictions have been placed on access to those records by current legislation and policy. There are also challenges in trying to define the condition itself, and in identifying sufferers of puerperal insanity, both as a result of different understandings and practices among contemporary practitioners and as a researcher attempting to locate and define the condition in the past.

Within these constraints, I have been able to identify 230 cases from the records of the asylums at Dundee and Montrose. These form the principal primary material on which the study of puerperal insanity in this thesis has been based, and details of these cases are available in Appendix A, Tables A1 - A4 (pages 305 – 39).<sup>4</sup> These are the cases on which my study has been based, and from which examples have been drawn to support my findings during the course of this thesis. The latter part of this current chapter outlines these cases in terms of numbers of admission, classes of patients

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<sup>4</sup> Please see page xv for an explanation of these tables and the codes identifying the women in the text.

admitted, marital and employment status, age, origin, length of stay and outcome. The purpose of this section is to provide a context within which the research detailed in the following chapters can be placed, and to examine patterns and trends across the two time periods studied, reflecting on what these may have meant for the medical understanding of puerperal insanity and for the experiences of the women and families involved.

*'Are your courses regular?'* *Understanding the female animal*

In the belief that the uterus and ovaries governed a woman's whole body and behaviour, the nineteenth-century physician looked to the reproductive system to answer every question of female health and well-being. The uterus was seen as connected to the nervous system, and any disruption to this organ had the potential to adversely affect any part of the body.<sup>5</sup> This dominance by the reproductive system was considered by physicians to be peculiar to women and resulted from the perception that women's reproductive organs were hidden within their bodies and therefore outwith their control.<sup>6</sup>

It was against this framework of ideas that puerperal insanity took form during the nineteenth century, as discussed by obstetrician James Reid in his 1848 treatise on puerperal insanity. Reid, who had followed in the footsteps of Robert Gooch as physician to the General Lying-in Hospital at Lambeth, once the Westminster Lying-in Hospital, drew attention to this perceived connection between the uterus and the brain:

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<sup>5</sup> Carroll Smith-Rosenberg and Charles Rosenberg. 'The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America.' *The Journal of American History* 60, no. 2 (1973): 335.

<sup>6</sup> Carroll Smith-Rosenberg. 'Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America.' *Feminist Studies* 1, no. 3/4 (1973): 59.



Any serious disturbance in the uterine functions speedily affects the brain; and to those conversant with the peculiar diseases of females, numerous instances of corresponding cerebral complaints following such disturbance will at once be in their remembrance. The uterus and ovaries seem to exert the strongest sympathetic action upon this distant organ; and should even the usual monthly function be irregular, impeded, or altogether checked for a time, the cerebral tissues appear to share immediately in the disorder, as evidenced by headaches, giddiness, depression of spirits, or sometimes by great excitability, the whole system at length becoming likewise affected, and requiring judicious medical treatment. In some cases, this state alone has even been sufficient to cause an attack of insanity.<sup>7</sup>

Reid's statement reflects a number of contemporary ideas: the existence of diseases specific to women, the influence of the reproductive system over the brain, the variety of disorders which could be caused by disruption to the uterus, and the vulnerability of women due simply to the monthly cycle.

At either end of a woman's reproductive career, puberty and menopause offered physical and mental challenges, and needed careful management. Earlier, in 1785, Alexander Hamilton, professor of midwifery at the University of Edinburgh, had offered this advice on the proper care of young ladies during puberty:

The commencement of the menstruating age introduces an important change in the female condition ... Parents, and those who have the care of young girls, ought to be admonished, carefully to observe, and prudently to conduct, their management at this tender and critical age. Late hours, excessive heat by dancing, or long confinement in crowded places, and irregularities of any kind, ought to be prohibited in the strongest terms.<sup>8</sup>

Hamilton had offered this advice in the belief that this 'critical season' in a woman's life did not receive the attention it deserved, often with grave consequences. More than

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<sup>7</sup> James Reid. 'On the Symptoms, Causes, and Treatment of Puerperal Insanity.' T.C. Savil, 1848: 4.

<sup>8</sup> Alexander Hamilton. *A Treatise of Midwifery, Comprehending the Management of Female Complaints and the Treatment of Children in Early Infancy*. Charles Elliot, 1785: 48.

a hundred years later, in 1900, American obstetrician George Engelmann was offering a very similar warning:

During the pubertal period many receive the first blow; ere the girl is fully aware of the change that has taken place, or is warned by a mother of its coming and significance, she has needlessly exposed herself to injury, not serious perhaps, but one which may sap her energies through life.<sup>9</sup>

Both Hamilton and Englemann's advice illustrates the centrality of the menstrual period to medical advice for women and girls, and how girls were urged from the start of puberty to act appropriately in order to avoid long-term problems associated with their physical or mental health. This was a theme which changed little during the course of the nineteenth century. Physical exercise, cold baths, excessive travelling and even music lessons were believed to be detrimental, especially to reproductive health.<sup>10</sup> Later in the century, girls were advised to avoid 'brain work' in order to prevent an overload of activity which would divert precious energy from the development of the reproductive system.<sup>11</sup> Even after puberty, the menstrual period supposedly made education and mental activity unsuitable for women because of the threat to the female physiology.<sup>12</sup>

Menstruation, regular, irregular, profuse or absent, featured prominently in medical understandings of women's physical and mental health, and an enduring belief linked the suppression of menstruation with insanity. James Reid noted that he had himself observed 'more than one instance of recovery following the re-appearance of the catamenial discharge', and in especially delicate women, he claimed, 'suppression of

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<sup>9</sup> George J. Engelmann. *The American Girl of to-Day; Modern Education and Functional Health*. 1901: 3.

<sup>10</sup> Deborah Gorham. *The Victorian Girl and the Feminine Ideal*: Indiana University Press, 1982: 87.

<sup>11</sup> Smith-Rosenberg and Rosenberg, 'The Female Animal': 340.

<sup>12</sup> Vern Bullough and Martha Voght. "Women, Menstruation, and Nineteenth Century Medicine." *Bulletin of the History of Medicine* 47, no. 1 (1973): 69.

the menses ... will alone act as the exciting cause of insanity'.<sup>13</sup> In essence, physicians believed that the female condition in itself left women highly vulnerable to mental derangement.<sup>14</sup>

Nineteenth-century understandings of female health and the workings of the female body were balanced between a belief in the purity and virtue of the maternal figure and the practical functions of the female animal. Although women were regarded as more spiritual and sensitive than men, they were also regarded as susceptible to maternal impulses which were essentially primitive in nature.<sup>15</sup> Physicians sought to reconcile the notion that a woman's body was intended for nurturing new life with the belief that the biological basis for this made her dangerous and unpredictable.<sup>16</sup> Women were understood to be driven by instinct and powerful 'maternal impulses' – these forces, while capable of forming the foundation of virtues such as self-sacrifice, could also be de-stabilising and lead to derangement.<sup>17</sup> While all aspects of the female reproductive life cycle were seen as problematic, the trials of childbirth and motherhood could put an added strain on an already unstable nature, unleashing 'savage' maternal instincts and causing madness.<sup>18</sup> Puerperal insanity, and understandings of mental illness surrounding childbirth, emerged from the context of these beliefs.

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<sup>13</sup> Reid, 'Symptoms, Causes, and Treatment.': 4

<sup>14</sup> Susan Hogan, 'The Tyranny of the Maternal Body: Madness and Maternity,' *Women's History Magazine*, 54, Autumn (2006): 27; Annie Cossins. *Female Criminality: Infanticide, Moral Panics and The Female Body*. Palgrave MacMillan, 2015: 187.

<sup>15</sup> Smith-Rosenberg, 'Puberty to Menopause': 68.

<sup>16</sup> Annie Cossins. *Female Criminality: Infanticide, Moral Panics and The Female Body*. Palgrave MacMillan, 2015: 177.

<sup>17</sup> Hogan, 'The Tyranny of the Maternal Body:' 23.

<sup>18</sup> *Ibid.*: 23; 27.

### *Using asylum case notes in historical research*

Identifying puerperal insanity in the asylum setting presents a number of challenges, not least in establishing the parameters of what it is appropriate to look for. Historians with a background in clinical practice, such as psychiatrist David Healy, have attempted to use modern psychiatric terms in historic settings.<sup>19</sup> Healy's research into the prevalence of 'post-partum psychosis' in nineteenth-century Welsh asylum records led him to conclude that postpartum psychosis had in fact vanished, a view that would seem to be at odds with current discourses about postpartum mental health and the need to raise awareness, in particular about postpartum psychosis.<sup>20</sup> Healy's view however related very specifically to a precise definition of postpartum psychosis, highlighting the difficulties involved making clinical judgements drawn from historical sources.

Fundamentally, the examination of case notes themselves presents a number of ideological and practical challenges. While the term 'puerperal insanity' and related terms were used and discussed in medical literature, the actual wording that appeared in the registers and case books was even more varied and shifted the balance of diagnosis in different ways for different women. Although it is possible to identify cases which could be diagnosed as postpartum depression or psychosis, it is not appropriate to attempt to retrospectively diagnose those cases. We cannot attempt to diagnose specific patients with labels we now use in the present, and particularly not based on what another unknown writer, in a largely unknown situation, wrote in a case book some time in the nineteenth century, effectively diagnosing a patient without seeing them in person. This has implications for the collection of evidence for this thesis and governed

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<sup>19</sup> S. Tschinkel, M. Harris, J. Le Noury, and D. Healy. 'Postpartum Psychosis: Two Cohorts Compared, 1875–1924 and 1994–2005'. *Psychological Medicine* 37, no. 4 (2007): 529 - 36.

<sup>20</sup> David Healy. 'Psychiatric 'Diseases' in History.' *History of Psychiatry* 25, no. 4 (2014): 454.

the decisions made in establishing a methodology and approach, which are explored throughout this chapter.

As Carol Berkenkotter noted in *Patient Tales*, the psychiatric case history not only forms the history of the patient but is also part of a wider narrative belonging to the clinical and professional world of the practitioner. The patient history is re-contextualised within a narrative framework which is ‘highly codified within the psychiatric profession’.<sup>21</sup> The process begins at the level of note-taking itself. The patient history, while at the centre of medical knowledge, has made its contribution through a process of selection, formatting and indexing, part of a tradition of ‘ordering the world on and through paper’, as Hess and Mendelsohn have argued.<sup>22</sup> The institution as a ‘space of administration’ imposed practices which involved increasingly prescribed methods of note-taking, with the effect that ‘physical formatting on paper went hand in hand with psychological formatting on duty’.<sup>23</sup> This has implications not only for how we understand the medical knowledge produced by the generalisations based on these patient histories, but also for our understanding of the production, interpretation and standardisation of case notes and asylum records.

In the early part of the nineteenth century, there was no legal requirement for the chartered asylums in Scotland to keep case notes, or indeed any kind of patient records.<sup>24</sup> Even after the Lunacy (Scotland) Act of 1857, the only official requirement was the keeping of an establishment register.<sup>25</sup> Jonathan Andrews has argued that this

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<sup>21</sup> Carol Berkenkotter. *Patient Tales: Case Histories and the Uses of Narrative in Psychiatry*. University of South Carolina Press, 2008: 2.

<sup>22</sup> Volker Hess, and J. Andrew Mendelsohn. ‘Case and Series: Medical Knowledge and Paper Technology, 1600–1900’. *History of Science* 48, no. 3-4 (2010): 287.

<sup>23</sup> *Ibid.*: 292.

<sup>24</sup> Jonathan Andrews. ‘Case Notes, Case Histories and the Patient Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century’, *Social History of Medicine*, 11 (1998), 255 - 81: 257.

<sup>25</sup> Gayle Davis. ‘Some Historical Uses of Clinical Psychiatric Records,’ *Scottish Archives* 11 (2005): 28.

lack of legislation was due to the existing practices in Scottish asylums, where records were kept from early in their history on account of ‘medical, bureaucratic and legal needs’.<sup>26</sup> At Montrose, the keeping of patient records began as a result of a directive from the management of the asylum following the Annual General Meeting in June 1817, requesting that ‘a history of the cases of the Lunatic Patients in ... the said asylum should be recorded in a book.’ This, however, was thirty-six years after the opening of the asylum, and it was noted at the start of the first case book that it would be ‘impossible to comply ... as hitherto no account of the rise and progress of insanity has been produced by the friends and relations on their admission to the asylum,’ adding that ‘a brief account of the track of each Patient respectively, during their years of attendance’ had been undertaken.<sup>27</sup> This somewhat grudging response to the directive seems to have influenced note-taking until the mid-nineteenth century, and the resulting patient histories are short. The recording of patient histories seems to have been adopted more enthusiastically at Dundee, opened in 1820, by which time record-keeping was becoming more common in the Scottish asylums, led in part by practice at the Glasgow Royal Asylum.<sup>28</sup>

The purpose of much record-keeping was administrative, and annual reports, the public face of the asylum, reflected the accountability of the public subscription asylums. The keeping of clinical records, however, served not only to assist in patient care, but also to act as ‘a key means to augment medical knowledge of insanity’.<sup>29</sup> Patient histories could be selected, written up and circulated in medical and scientific journals, building both medical knowledge and professional reputations. This effectively meant that the process of selection started at this level, with the physician or

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<sup>26</sup> Andrews, ‘Case Notes, Case Histories’: 258.

<sup>27</sup> (DUA) THB 23/5/1/1.

<sup>28</sup> Andrews, ‘Case Notes, Case Histories’: 258.

<sup>29</sup> *Ibid.*: 256.

medical official, and while extensive notes might be taken for those cases considered by the writer to be interesting, other cases considered less intriguing might merit only very brief notes.

Early asylum records varied in scope and format between different institutions. Among the records at Montrose and Dundee, early notes tended to be more freeform and could consist of a short paragraph or many pages of text, and what was recorded varied greatly from patient to patient (Figures 2:1 and 2:2, pages 143 - 6). In some case books, a checklist of questions pasted or written into the inside of the front cover provided a guide for the writer, though the extent to which this was followed continued to vary for each patient.<sup>30</sup> In the case of long stay patients, detailed notes usually gave way to perfunctory additions to the patient's record, often recording only simple phrases such as 'remains the same' or 'not improved', tailing away altogether until the death of the patient.

Later in the century, printed stationery and books produced by commercial suppliers were being widely used by asylums and hospitals.<sup>31</sup> While the initial asylum case books used at Dundee and Montrose were printed in ledger form by local printers, with minimal subject headings, the format used later in the century were more detailed volumes containing fields for entering information specific to the care of patients in an asylum setting (Figure 2:3, pages 147 - 8). While this more standard form of note-taking may have made the material more 'user-friendly' for the historian, the standardisation of record keeping itself may have had a further effect on the content of the notes themselves.<sup>32</sup> As Hess and Mendelsohn have suggested, prescriptive formatting of patient histories divides the information into 'elements', which allows

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<sup>30</sup> (DUA) THB 23/5/1/2.

<sup>31</sup> Davis, 'Historical Uses of Clinical Records': 28.

<sup>32</sup> *Ibid.*: 28.

comparisons and groupings between and among patients.<sup>33</sup> The more regular format seen at the end of the nineteenth century influenced the type and amount of information that the official felt obliged to enter and resulted in a less personal, more dictated style. In particular, this may have influenced the giving of a specific diagnosis even if the cause of a patient's condition was unclear, a point which is particularly relevant when trying to trace the use of a diagnosis such as puerperal insanity. On many occasions, however, the more formal lay-out did not prevent fields being left blank, and so did not necessarily lead to more complete or more comprehensive notes.

Interpretation of the records can be further complicated by additions and corrections to the notes that could have been made at any time prior to the preservation of the records as archival items. The early asylum records at Dundee, for example, include a number of additions in pencil to the patient case notes and to the registers, mostly consisting of the addition of a diagnosis. This impacts on any conclusions that may be drawn about the use of those diagnosis during that period, as will be discussed later in this chapter, as it seems likely that these notes were added retrospectively at some point. These additions do not appear by the mid-nineteenth century, however, and this, together with the similarity in handwriting style, suggests that the pencil notes were made prior to that time.

In most cases, the identity of the writer of the original patient notes is impossible to determine. The early notes at Dundee were, according to the asylum regulations, taken by the superintendent in the absence of an apothecary, and the changes in handwriting do reflect the tenures of the early superintendents.<sup>34</sup> Similarly, at Montrose, while the early case books display multiple handwriting styles, there are some clear changeovers

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<sup>33</sup> Hess and Mendelsohn, 'Medical Knowledge and Paper Technology': 293.

<sup>34</sup> (DLHC) Lamb Collection, Regulations: 12 – 13; (DUA) THB 7/13/5 *History of the Dundee Royal Lunatic Asylum*. James Rorie, 1912: 24.



in styles such as in 1838, when Richard Poole succeeded W. A. F. Browne, which may indicate that they themselves were writing the notes.<sup>35</sup> In both asylums as the century progressed, the handwriting became more varied and the identity of the writer unclear. Patient records were, moreover, often a collaborative affair, with information drawn from many sources. As much information as possible would initially be drawn from families and from the referring doctors, then an assessment was made by the physician, and day-to-day observations often consisted of the observations of asylum attendants and staff.<sup>36</sup>

Case notes have been generally neglected as a resource by British scholars, as Jonathan Andrews has claimed.<sup>37</sup> This has perhaps been due to these inherent difficulties and also to problems in accessing such large amounts of material, a problem which is being overcome by increasing archival cataloguing and digitisation. Gayle Davis has likewise argued that clinical records are ‘a rich but neglected source among historians of medicine’, though she also stressed that the historian must be aware of changes over time in the ways that case notes have been constructed and interpreted.<sup>38</sup> The growing body of research into Scottish asylums, referred to by Philo and Andrews, demonstrates that this neglect is now being addressed, and my study is a contribution to this development. It is important to bear in mind, however, the theoretical implications of using this kind of resource in defining and investigating a particular medical diagnosis, and more specifically in identifying puerperal insanity, as outlined above.

On a practical level, the use of asylum records and patient case notes offers significant challenges. As noted in the Introduction, while the existing records of the

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<sup>35</sup> (DUA) THB 23/5/1/2.

<sup>36</sup> (DUA) 7/13/5 *History of the DRLA* by James Rorie: 57.

<sup>37</sup> Andrews, ‘Case Notes, Case Histories’: 256.

<sup>38</sup> Davis, ‘Historical Uses of Clinical Records’: 26; 28.

Montrose and Dundee asylums are extensive, it is evident that some records, such as journals and individual case books, have not survived to the present day. Patient histories were usually only recorded in the first pages of their notes on admission, and therefore minimal information survives on each patient if the first case book has gone missing. It was also common practice to slip additional notes or correspondence between the pages of the books, and while some have remained tucked between the pages, others may simply have been lost. The closure of some records due to confidentiality policy also means that a number of the later nineteenth-century records that do exist are currently inaccessible.

Asylum case notes were essentially multi-authored and could reflect the contributions of a number of voices, with the voice of the patient the least well represented. Increasing standardisation may have called for diagnostic decisions to be made in order to fill in the forms, or alternatively, discouraged diversity in the recording of patient symptoms and histories. The loss of certain records over time and the restrictions on access to others means that there are gaps in patient histories, and indeed in recorded policies, decisions and statistical records of each asylum. The absence of certain notes and documentation undoubtedly complicates the picture, especially with regard to estimating numbers and charting the use of terminology and ideas, but there remains a substantial amount of material from which to develop an overall view. Fundamentally, however, any historical research using asylum case notes must consider the context within which they were produced and potentially modified, and how they have been created and organised.

### *Diagnosis and discussion at Dundee and Montrose*

The puerperal insanity diagnosis had featured in British medical journals and treatises on women's health since the early 1820s. However, its use and application at patient level, in the hospitals and asylums and among medical practitioners, as my research shows, was less uniformly adopted than the volume of contemporary publications might suggest. This section uses the records of the Montrose and Dundee asylums to determine when the term came into standard use, and how it was applied.

Among the records of the Montrose asylum, the terms 'puerperal insanity' or 'puerperal mania', or insanity due to 'puerperal causes', made only occasional appearances in the annual reports up to 1860. In the 1850 annual report, the first year in which Thomas Coutts Morison was in position as Medical Superintendent, a 29-year-old female suffering from 'puerperal mania' was noted as the subject of a post mortem, although the cause of death was given as peritonitis. It is likely this instance refers to puerperal fever, a toxic condition due to infection, rather than mental illness.<sup>39</sup> The same report notes a 24-year-old female being discharged cured from the asylum having suffered from 'puerperal mania', the moral cause of her insanity having been recorded as 'fright' and the physical cause 'childbirth'.<sup>40</sup> Morison also commented in his report that he had treated some cases 'arising from ... the puerperal state'.<sup>41</sup> In the 1855 report, by which time John Gilchrist was Medical Superintendent, two patients are noted as having suffered from puerperal mania, and three patients were noted in 1856. In the 1857 Annual Report, in a table 'Shewing (sic) the Causes of Disease of those admitted' five cases were attributed to the 'puerperal condition'.<sup>42</sup> According to the

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<sup>39</sup> (DUA) THB 23/3/1/1, Directors' Report for 1850: 16.

<sup>40</sup> *Ibid.*: 15.

<sup>41</sup> *Ibid.*: 8.

<sup>42</sup> *Ibid.*: 9.

1858 report, childbirth accounted for two cases of insanity, and one case of prolonged lactation was noted, and in 1859, childbirth-related causes accounted for three female admissions.<sup>43</sup> These references, if infrequent, do indicate an awareness among Montrose asylum officials of the possibility of puerperal causes as the root of the women's condition.

References to puerperal causes in the annual reports became more frequent after the appointment of James Howden as Medical Superintendent in 1857. Howden, as has been noted, was a colleague and friend of John Batty Tuke, who published on the subject of puerperal insanity, and Howden had treated puerperal insanity patients alongside Tuke at the Royal Edinburgh Asylum. The arrival in 1858 at Montrose of two patients transferred from Dundee Asylum, already diagnosed with puerperal insanity, may also have gone some way to prompting his use of the diagnosis.

Howden was evidently at least intrigued as to the effects of pregnancy and childbirth on his patients. In his first contribution to the Montrose annual reports, in June 1858, James Howden took the opportunity to explore in some detail a case which he considered 'somewhat peculiar'.

A female patient ... admitted in August last in a state of great excitement ... continued for months quite maniacal. Ere long her appearance indicated that she was *enceinte* ... On the 12<sup>th</sup> of May, she gave birth to a male child. A marked change took place on her mind almost at once – she became calm and collected, her conversation was rational, and she evinced great affection for the infant, which she was allowed to suckle.<sup>44</sup>

The following year, Dr Howden documented a similar case:

A female who had been admitted in a state of pregnancy remained in an apparently demented condition until her acouchment (sic), when she

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<sup>43</sup> (DUA) THB 23/3/1/1, Directors' Report for 1858: 14; 1859: 20.

<sup>44</sup> *Ibid.*: 9 – 10.

became maniacal, and continued so for some weeks: the child, a poor puny creature, was removed, and has since, I believe, died: the mother slowly regained her mental powers, ultimately recovered, and was discharged after a residence of eighteen months.<sup>45</sup>

Despite the less positive outcome of the latter case, these two cases provided the opportunity for Dr Howden to reflect on causes and treatment.

Both the females seem to have become insane about the period of conception, both continued so during their pregnancy, both began to improve, and ultimately recovered after childbirth; the only difference being, that in the former instance the woman was allowed to nurse her child, while in the latter it was immediately removed after birth.<sup>46</sup>

While his language seems somewhat removed from the humanity of the cases, Howden did note fondly in the former case the effect on the staff of the ‘little stranger’ as the baby was treated as ‘a great pet, and eclipsed all the canaries, cats, and dogs of the establishment during his short stay.’<sup>47</sup> In a subsequent report, Howden used these cases to argue for the asylum as the preferable place for the treatment of women affected by pregnancy and childbirth, noting that ‘surely, if there were ever an occasion when an insane woman requires the protection which an Asylum affords, it is during the trying and anxious period of her travail.’<sup>48</sup> Howden’s comment also highlights the absence of institutional provision for such women in northern Scotland during the mid-nineteenth century. Although lying-in hospitals had been established in Glasgow and Edinburgh as early as the 1790s, there were no such facilities in the north-east area, and maternity

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<sup>45</sup> (DUA) THB 23/3/1/1, Directors' Report for 1859: 14.

<sup>46</sup> (DUA) THB 23/3/1/1, Directors' Report for 1859: 14.

<sup>47</sup> (DUA) THB 23/3/1/1, Directors' Report for 1858: 10.

<sup>48</sup> (DUA) THB 23/3/1/1, Directors' Report for 1860: 10.

wards and hospitals would not become common until the early to mid-twentieth century.<sup>49</sup>

There is, however, a lack of references in the case notes and registers in the 1840s and 1850s to either the actual term puerperal insanity or very explicit references to a connection between childbirth and insanity. Early references to ‘the puerperal state’ do appear in the registers at Montrose, as for Janet R (M1842) and Susannah S (M1843).<sup>50</sup> It is, however, impossible to say what might have been entered into records which have not survived, or in cases which were not fully recorded. It is moreover possible that, while direct reference was not made in the available documentation to a link between childbirth and the woman’s condition, the fact that recent childbirth was noted may itself serve as evidence that this to some extent was acknowledged as a contributing cause.

Mary S (M1847) a fisherman’s wife from Montrose, was admitted to the Montrose asylum having been ill for six months. She was the mother of several children, the youngest of whom was ‘aged seven months and at the breast’.<sup>51</sup> Helen W (M1854) a single woman from the parish of Glamis and the mother of a three-month-old child, had been ‘badly for four months’, having displayed symptoms for ‘a period of eight months’.<sup>52</sup> Ann C (M1856), a soldier’s wife from Inverness, had a child of three months, her illness having commenced ‘nearly three months [ago] and suddenly’.<sup>53</sup>

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<sup>49</sup> Harriet Richardson. *Building Up Our Health: The Architecture of Scotland's Historic Hospitals*. Historic Scotland: 2010: 85.

<sup>50</sup> Please see page xv for an explanation of these codes.

<sup>51</sup> (DUA) THB 23/5/1/4: 46.

<sup>52</sup> (DUA) THB 23/5/1/4: 272.

<sup>53</sup> (DUA) THB 23/5/1/4: 430.

In some cases, recent childbirth was noted, but an entirely different explanation was given.<sup>54</sup> Mary C (M1855) of St Vigeans, who had two small children, one of whom was three months old, had been driven to attempt suicide through ‘mental anxiety on account of an intemperate husband’.<sup>55</sup> Barbara H (M1855) from Birse, had been unwell since her youngest child was around six months old, but her condition was thought to be the result of her grief at the death of another of her children.<sup>56</sup> Likewise, Mary H (M1857) had been ‘not so well since the birth of [her] last child’, but her insanity was deemed to be caused by the ‘disappearance of her son’. The mental condition of unmarried Euphemia B (M1856) was apparently less due to her miscarriage than to her abandonment by the child’s father.<sup>57</sup> In these cases, a diagnosis of insanity due to puerperal causes could have been made, but an alternative cause was ascribed - it is, however, possible that the inclusion of information about children or recent childbirth was intended by the asylum official to indirectly imply its influence. Childbirth seems to have been implicated but an accompanying explanation was given. Ann C (M1854), an unmarried house servant from St Vigeans and the mother of a three-month-old child, was noted as having been ‘rather depressed since the birth of her child’, but the ‘exciting cause’ of her insanity was given as ‘disappointment of marriage’, and a hereditary disposition was also noted.<sup>58</sup> Ann M (M1846), the wife of a veterinary surgeon, was admitted suffering from her first attack, which ‘dated from the time she was last confined’.<sup>59</sup> Susannah S (M1843), had had a child only a few weeks prior to admission and had become ‘deranged ... shortly after accouchement’. She ‘had been much depressed in spirits’, but the principal reason was taken to be ‘disappointment as

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<sup>54</sup> (DUA) THB 23/5/1/4: 430.

<sup>55</sup> *Ibid.*: 353.

<sup>56</sup> *Ibid.*: 360.

<sup>57</sup> *Ibid.*: 393.

<sup>58</sup> *Ibid.*: 274; THB 23/5/1/7: 57.

<sup>59</sup> (DUA) THB 23/5/1/3: 135; 168.

to the condition and circumstance of her husband and his family – these being all very different from what she had been induced to expect before marriage.’<sup>60</sup> Susannah’s register entry did note the root of her condition as ‘puerperal and vexation’.

A direct connection between childbirth and insanity started to appear with more regularity in the Montrose case notes and, where they exist, in the registers by the mid-1850s. In 1849, while the patient’s predisposition to insanity was remarked on, the ‘immediate cause’ of Elizabeth M’s condition (M1849) was noted as ‘prolonged lactation’, and again in Margaret R’s case (M1857) it was suggested that ‘nursing may have been the cause of the present attack.’<sup>61</sup> In the case of Margaret S (M1856), ‘the exciting cause [was] supposed to be the puerperal state’. For Catherine C (M1857), ‘the exciting cause of the malady [was] supposed to be confinement three months ago’.<sup>62</sup> Jane W (M1859) ‘gave birth to a child six weeks before admission’ and treatment in an asylum was thought necessary ‘when symptoms of “puerperal mania” appeared in a month thereafter’.<sup>63</sup> The inclusion of quotation marks would seem to suggest the writer’s hesitance in using the term, but a few months later, the case notes of Jean T (M1859) began confidently with the phrase ‘this is a case of puerperal insanity’.<sup>64</sup>

By contrast, at the Dundee asylum, specific attribution of puerperal causes, or the implication of childbirth, pregnancy or lactation, appears in the records much earlier. In 1822, just two years after the asylum was officially opened, Mrs. M, a married housewife, although noted as being predisposed to insanity on account of ‘domestic afflictions, natural pride and vanity’, was diagnosed as suffering from ‘the effects of parturition’, largely manifesting itself in her being ‘aggravated by the sight of her

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<sup>60</sup> (DUA) THB 23/5/1/3: 34; 106.

<sup>61</sup> (DUA) THB 23/5/1/4: 108; THB 23/5/1/4: 486.

<sup>62</sup> *Ibid.*: 450.

<sup>63</sup> (DUA) THB 23/5/1/7: 154.

<sup>64</sup> *Ibid.*: 178.



relatives to whom she has taken a great dislike'.<sup>65</sup> Her illness was also noted in the establishment register as attributable to 'puerperal causes', though this is an addition in pencil.<sup>66</sup> Other cases in the 1820s mention childbirth as a possible influence, though are less specific. Helen R, admitted in 1820, for example, the actual year of the asylum's opening, had been noted as having been 'insane during pregnancy and after' but her symptoms were noted in the asylum register as attributable to no known cause.<sup>67</sup>

In the case of Mary M, admitted to the Dundee asylum in 1825, 'mania (preg)' was entered in pencil at the top of her notes, and the writer seems to have been skeptical about the role of pregnancy in her condition, attributing her condition to 'domestic misfortune' and 'strongly hereditary' causes. He even noted '...whether her state of pregnancy has had anything to do with either the attack or the cure is very uncertain. By affecting the circulation and distribution of the blood, it may have considerable effect either way'.<sup>68</sup> Hopton H was in 1826 'admitted... under marked insanity which came on after childbearing' and was described as 'loquacious, foolish and mischievous, regardless of her infant and averse to her relatives without any cause'. It was also noted that she had had repeated attacks during pregnancy and after childbirth, and that on one occasion she had 'attempted to drown herself when she was 2 or 3 months advance'.<sup>69</sup> Again, 'puerperal' was noted in the register, but in pencil.<sup>70</sup> The inclusion of pencil additions to the asylum notes is unexplained, as previously discussed, and could have taken place at any time between the entries in the record books and the preservation of the records in the archives. The additions strongly suggest that the notes were annotated at some point after the original entry was made, possibly in the light of new ideas of

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<sup>65</sup> (DUA) THB 7/8/9/1.

<sup>66</sup> (DUA) THB 7/8/3/1.

<sup>67</sup> *Ibid.*

<sup>68</sup> (DUA) THB 7/8/9/2: 285.

<sup>69</sup> *Ibid.*: 431.

<sup>70</sup> (DUA) THB 7/8/3/1.

specific diagnoses, by an asylum official identifying potential puerperal insanity cases in retrospect.

In 1829, however, the case notes for Agnes K noted that she was suffering from ‘puerperal mania of five to six weeks’ standing’, written within the text of the notes and in ink.<sup>71</sup> In 1833, the notes for Helen L, an unmarried washerwoman, started confidently, in ink, with the words ‘This is a case of puerperal mania’. The phrase in some form or another (puerperal mania; mania, puerperal; puerperal melancholia) began to appear with some regularity in the case notes and in the establishment register. In some cases where the term was not used, a clear connection was drawn between the mental disorder and childbirth, parturition, the puerperal state, puerperal causes, pregnancy, ‘suckling’ or lactation.<sup>72</sup>

The puerperal mania diagnosis was therefore well-established at Dundee prior to the mid-nineteenth century and, as has been stated, there was clear and frequent use of the term and evidence of an acceptance of childbirth as a direct cause of mental disorder. In the 1840 - 1860 period, there were few cases where childbirth or pregnancy was mentioned but not related to the patient’s condition. Margaret P (D1859) was noted as suffering from melancholia of an ‘unknown cause’, though in her notes the birth of a stillborn child three months previously was briefly mentioned.<sup>73</sup> Jane H (D1859) was noted as suffering from ‘melancholia, suicidal’, of a cause ‘unknown’. She had given birth four weeks before admission, had been ‘insane’ for five weeks, and spoke of wanting to kill her children.<sup>74</sup> In the case of Elizabeth S (D1840), whose illness was

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<sup>71</sup> (DUA) THB 7/8/9/2: 387.

<sup>72</sup> *Ibid.*: 689.

<sup>73</sup> (DUA) THB 7/8/9/1.

<sup>74</sup> (DUA) THB 7/8/9/23: 13; 6.

considered caused by typhus fever, the patient was also noted as having ‘been delivered in the persistence of the fever’.<sup>75</sup>

Given the lack of any standardised format in record and note keeping, and also the newness of the diagnostic term, finding few references to puerperal causes in the Dundee and Montrose records up to 1840 is perhaps predictable. The incidence of references made as early as the first decade of the Dundee asylum’s operation, and so soon after Gooch’s address to the Royal College of Physicians, is perhaps more surprising, as is the lack of use of the diagnosis in the mid-century period at Montrose. Hilary Marland’s research into puerperal insanity cases at the Royal Edinburgh Asylum largely concentrated on patient cases from the mid-1840s onwards, a decision she attributed to some extent to the richness of the notes during this period, but also to the fact that, by this time, admissions to British asylums due to puerperal insanity were steady and numerous.<sup>76</sup> By the mid-nineteenth century at Dundee, puerperal insanity was recorded in around 7 per cent of female admissions, a figure consistent with those at the Edinburgh asylum (7 per cent of female admissions between 1846 and 1864), and between 6 and 10 per cent at the English asylums of Abington Abbey, Warwick and Hanwell.<sup>77</sup> J.B. Tuke’s work on puerperal insanity at the Edinburgh asylum involving 155 patients, published in two influential papers, illustrates that the puerperal insanity diagnosis was in steady use at that asylum in the mid-nineteenth century.<sup>78</sup> These figures contrast sharply with the hesitant use of the diagnosis in the asylum at Montrose.

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<sup>75</sup> (DUA) THB 7/8/9/21: 206.

<sup>76</sup> Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004: 95; 99.

<sup>77</sup> Hilary Marland. ‘Maternity and Madness: Puerperal Insanity in the Nineteenth Century,’ in Seminar: In collaboration with the Department of Nursing, University of Manchester (UK Centre for the History of Nursing and Midwifery, University of Manchester: 2003); Marland, *Dangerous Motherhood*: 36 - 37.

<sup>78</sup> Tuke, ‘On the Statistics of Puerperal Insanity’.

Without knowing exactly who wrote the words in the pages of the record books, it is impossible to know whose opinions were being expressed, but the interests of the Medical Superintendents in charge over this period would have had a strong influence. In the case of the earlier case books at the Dundee asylum, in accordance with the asylum regulations, it seems to have been Alexander Mackintosh and Thomas Wingett who wrote the patient records. Both were ambitious men who kept themselves aware of current ideas in mental science. Montrose was less fortunate in this respect, having a succession of superintendents during this period, whose interest in the condition varied. Thomas Coutts Morison would certainly have been aware of puerperal insanity - as a member of the Society for Improving the Conditions of the Insane, a society founded by his father Alexander Morison, he would surely have read the society's prize-winning essay for 1845, written by one Spencer T Smyth, of Gorleston in Suffolk, entitled 'A Practical Essay on Puerperal Insanity'.<sup>79</sup> It seems, however, that it was with the arrival in 1857 of James Howden, influenced by his work alongside J.B. Tuke at the Royal Edinburgh Asylum, that the puerperal insanity diagnosis became part of the Montrose Asylum diagnostic repertoire.

At the other end of what might be regarded as the lifetime of the puerperal insanity diagnosis, the condition was in decline, as Hilary Marland has found, by the turn of the twentieth century.<sup>80</sup> Ian Brockington, a psychiatrist with a particular interest in the history of women's health, attributed this in particular to the influence of Emil Kraepelin, whose classification of mental illness defined conditions by their prognosis

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<sup>79</sup> Spencer T. Smyth. 'A Practical Essay on "Puerperal Insanity"' In *A Selection of Papers and Prize Essays on Subjects Connected with Insanity*. Read before the Society for Improving the Insane. London: Published by the Society, 1850.

<sup>80</sup> Marland, *Dangerous Motherhood*: 203.

rather than by connection to physical states.<sup>81</sup> The discussion about the basis of puerperal insanity had been underway for some time, however. As early as 1870, John Thomson Dickson, former Medical Superintendent at St Luke's Hospital, London, had published a paper entitled 'A Contribution to the Study of the So-called Puerperal Insanity', claiming that it was a form of 'ordinary insanity, appearing at, and only slightly modified by the child-bearing circumstance'.<sup>82</sup> It is perhaps surprising, therefore, to find the term still in use at Dundee well into the twentieth century.

In 1924, Edward A. Wilson, a young medical student employed as medical officer at Dundee Mental Hospital, Westgreen, outlined the treatment of a number of female patients as the basis for a thesis submitted for the degree of Doctor of Medicine at the University of Edinburgh.<sup>83</sup> An account of the findings in his thesis, co-authored with another medical officer, Thomas Christie, was later published in the *British Medical Journal*.<sup>84</sup> Wilson's thesis, entitled 'The Treatment of Puerperal Insanity by Ovarian Extract', would seem to indicate a continued use of the term puerperal insanity to describe postpartum mental disorder at the Dundee asylum. Wilson however qualified his use of the term puerperal insanity, acknowledging that he himself had in general throughout his thesis used the term 'for convenience' as an overall term covering his reference to 'the whole subject of the insanities of reproduction'.<sup>85</sup> His colleague Christie referred instead to confusional insanity 'where pregnancy is the exciting factor', before going on to examine the efficacy of the treatment in other cases of

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<sup>81</sup> Marland, *Dangerous Motherhood*: 203; Ian Brockington. *The Psychoses of Menstruation and Childbearing*. Cambridge University Press, 2017: 15 - 16.

<sup>82</sup> John Thomson Dickson. *A Contribution to the Study of the So-Called Puerperal Insanity*. Lewes: Geo P. Bacon, 1870: 4.

<sup>83</sup> Edward A. Wilson. 'The Treatment of Puerperal Insanity by Ovarian Extract.' (unpublished MD thesis, University of Edinburgh, 1924).

<sup>84</sup> Edward A. Wilson and T. Christie. 'Puerperal Insanity: Cases Treated by Injection of Ovarian Extract (Whole Gland) from the Dundee Mental Hospital, Westgreen.' *British Medical Journal* 3, no. 3383 (1925): 798.

<sup>85</sup> Wilson, 'The Treatment of Puerperal Insanity': Introduction.

‘confusional insanity’ associated with the menopause, or ‘climacteric period’.<sup>86</sup> Wilson also noted that puerperal insanity should not be regarded as ‘a different clinical entity’, but it rather ‘correlated with other conditions in women connected with the reproductive functions’.<sup>87</sup> The use of the term at Dundee in the 1920s, therefore, can be seen within the context of the demise of puerperal insanity, in its use as a convenient general term linked to other reproductive disorders.

The lack of reference in the case books at Montrose prior to the late 1850s may to some extent be due to a combination of less comprehensive note-keeping at the time and because some records have gone missing in the intervening period. Variations in record-keeping at the time and the scope, content and integrity of surviving material complicates our access to the records in order to determine the initial uptake of the diagnostic term. The occasional inclusion of the term in the Montrose asylum reports does indicate that there was an awareness at some level of the puerperal insanity diagnosis at Montrose and an accepted connection between insanity and childbirth, but the surviving case notes do suggest that physicians and asylum officials were still not sufficiently comfortable or familiar with the diagnosis to use it at a patient contact level. In addition, changes in the format of records and the practice of note-taking within the asylum routines may have had an effect on the notes that were taken at both asylums and imposed an emphasis on distinct diagnoses.

It is clear, however, in spite of archival variations, that the introduction of the concept of the puerperal insanity diagnosis did not simply follow the publication of Gooch’s paper and further publications in the medical literature. The use of the term and its application within the asylum setting was not uniform across all institutions even

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<sup>86</sup> Wilson and Christie, ‘Puerperal Insanity’: 797.

<sup>87</sup> Wilson, ‘The Treatment of Puerperal Insanity’: 20.

in the middle of the nineteenth century, several decades after Gooch's address to the Royal College of Physicians of London. The timing of the adoption of the diagnosis across different asylums and in actual practice was instead dependent on the individual interests, research and connections of key individuals, and most especially the influence of the Medical Superintendents. These men were pivotal to the adoption of the diagnosis, integrating the diagnosis into asylum practice and building on existing medical literature to develop the puerperal insanity diagnosis and postpartum mental illness as a branch of medical knowledge.

#### *Selecting patient cases for research*

I originally aimed to identify all the women diagnosed with puerperal insanity in the Dundee and Montrose asylums in two sample periods: from 1840 – 1860, and 1890 – 1910. However, the lack of reference to the puerperal insanity diagnosis or puerperal causes prior to the late 1850s complicated the selection of cases for the 1840 - 1860 period. Thus, since the wider purpose of this thesis is to examine women's mental health in relation to childbirth and healthcare practices, I sought instead to identify women at both asylums who were admitted shortly after the birth of a child, or where pregnancy, nursing or young children were mentioned in the case notes. Despite the lack of use of the 'puerperal insanity' term, there is an identifiable group of women within the early Montrose records who were either suffering from some form of mental illness during the antenatal or postpartum period, or from longer term mental health conditions possibly resulting from childbirth.

For the first period, an initial search of the asylum records highlighted women whose diagnosis in any of these records was noted as puerperal insanity or puerperal mania, where puerperal causes were mentioned, where the exciting cause was noted as

childbirth, lactation or nursing or pregnancy, or where the notes indicated that childbirth was implicated in the woman's condition. Cross checking between the asylum registers and the case notes themselves ensured that as many potential cases as possible were identified – the puerperal insanity diagnosis or a perceived connection with childbirth was not always noted in the establishment register and, conversely, the connection with childbirth was not always explicitly noted in the case histories despite puerperal causes having been noted in the register.

This selection was then expanded to include cases where the case notes included reference to recent childbirth or to the woman having very young children, even when asylum officials seem to have drawn no explicit connection with childbirth in the woman's mental disorder. Within the Dundee records this accounted for very few cases. It is however impossible to tell whether some women admitted to the asylum had recently given birth or who had young children if this was not noted in the case notes. The less complete nature of the Montrose notes made selection more difficult as the inconsistent nature of the establishment registers did not allow for cross checking. It is therefore possible that a connection to puerperal causes might have been made but is not evident from the surviving notes available for each patient. The selection of patients at Montrose includes a much larger number where recent childbirth is noted but not explicitly connected with the woman's condition, a number of cases where childbirth is considered but not seen as a major contributor to the woman's condition, and a relatively small selection where childbirth is specifically named as the cause of the woman's condition.

These generous selection criteria for the 1840 – 1860 period resulted in a broadly similar number of patients from each asylum: thirty-six women, each admitted on one



or more occasions, from Montrose and thirty-five women from Dundee. Although the Dundee asylum had a bigger patient population at the start of this period, this situation was reversed by 1860 - the Dundee asylum population grew slowly, while that of Montrose rose sharply on the opening of the new building in 1858. However, in 1855, the two asylums were housing similar numbers of patients (see Table 2:1, page 149).

For the 1890 – 1910 period, I used slightly more precise selection criteria, as the puerperal insanity diagnosis was well-established. I aimed to identify all patients admitted to the asylum where the admissions information, either in the establishment register or at the head of the case notes, referred to puerperal causes, pregnancy or lactation as directly related to the patient's condition, as a predisposing or exciting cause. This resulted in a group of puerperal-related cases identified from the Dundee asylum records comprising seventy-one women, and a group of eighty-eight women admitted to the Montrose asylum. These groups include nine women from the Dundee asylum and eight patients from the Montrose asylum whose files are restricted due to the 100-year confidentiality rule and for whom specific details and case notes were not available. An overview of the patients identified is available in Table 2:2, page 151.

These are the women whose experiences of mental illness are explored in Chapters Three and Four of this thesis. Before we meet them as individuals, let us consider their characteristics as a group. We find that they were broadly typical of women in these asylums in terms of classes of patient, and their demography reflected the wide catchment areas of both asylums. As a group they were likely to be younger than other female patients in the asylum and more likely to be married. Those at Montrose were less likely to be private patients than the general population of the asylum, but this was not the case for the Dundee asylum.

## Ages

The ages of the women admitted during the 1840 - 1860 period range at Dundee from nineteen to fifty-four years old, with most women being in their twenties or thirties.

The Montrose group is largely the same, ranging from twenty to fifty years old, though with a larger proportion of women in their thirties (not including the transfers from Dundee, who were long term patients and necessarily older). In the case of multiple admissions, the age used for each woman in this calculation is the age noted for her admission most closely associated with childbirth. This shows the women in the childbirth-related group were younger than the general admissions for the Dundee Asylum, where female admissions were typically greater in the forty to fifty years age group, and broadly similar at Montrose, where most female admissions were in their thirties.<sup>88</sup> In the later period, the majority of women with puerperal insanity in both asylums on their first admission to the asylum were in their twenties or thirties - again not surprisingly given the connection with childbirth, though it is perhaps worth noting that ages were spread fairly evenly across the twenty and thirties age groups, and there were few cases concerning women under twenty years of age (see Figure 2:4, page 153). These figures are very similar to those recorded by Quinn, who noted that women were admitted to the Devon asylums aged between nineteen and fifty-nine years of age, and that the majority of cases were in their late twenties and early thirties.<sup>89</sup>

## Where they came from

The majority of women in the Dundee group came from an urban or semi-urban background, while the Montrose group reflected a much more rural population. The

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<sup>88</sup> (DUA) THB 7/4/1/1, Directors' Reports 1841 – 1846; THB 23/3/1/1 Directors' Reports 1850 - 1859.

<sup>89</sup> Catherine Louise Quinn. 'Include the Mother and Exclude the Lunatic: A Social History of Puerperal Insanity c. 1860 – 1922' (unpublished PhD thesis, University of Exeter, 2003): 167 - 9.

women in both asylum groups came from a number of different parishes, with the highest concentration noted as residing in, as would be expected, Dundee and Montrose. The Dundee admissions in general were mostly concentrated around the city itself, though admissions also came from the parishes of Mains and Strathmartine, Liff and Benvie and Broughty Ferry, all of which are in close proximity to the city of Dundee. Indeed, the admissions in the 1840 - 1860 period for the Dundee group stretched no further than Coupar Angus in central Forfarshire and Crail, in Fife, to the south, with only a few coming from more rural areas such as Barry and Glamis.

In contrast, the Montrose patients were drawn from a much wider area and a greater number of parishes, including Cupar, Fife, to the south, and Inverness to the north. Although the Montrose group included patients from the cities of Aberdeen, Inverness and Dundee, there were many single instances of women from small farming villages and farming communities. The Montrose group also included three transfers from Dundee Asylum. Women in the Dundee asylum were likely to be mixing with people they already knew or knew of - two patients in the 1840 - 1860 group were in fact sisters-in-law - and had similar backgrounds and a collective local knowledge. Women in the Montrose asylum were more likely to be mixing with complete strangers from entirely different backgrounds and communities. It is likely that they would have felt more isolated and perhaps vulnerable.

By the 1890 - 1910 period, the spread of originating parishes had changed little, with most of the women admitted in the Dundee group coming from Dundee itself, or from the neighbouring areas of Broughty Ferry, Lochee and Monifieth, with only two patients from the wider Forfarshire area, one from Fife and four from Central and Southern Scotland. By contrast, the Montrose group included only five patients from

Montrose itself, a total of eighteen from the towns of Arbroath, Brechin and Forfar, and eight patients from small towns and villages in rural Forfarshire. A further nineteen patients came from areas in Caithness and Sutherland, in the far north of Scotland, and from the islands of Orkney and Shetland, even further north. There were also three patients from Central Scotland, and two from Dundee, making the Montrose cohort a much more diverse group from a widespread area, with many from a rural or even island setting. The 1900 Montrose Directors' Report noted that, out of a total of 164 admissions over the previous year, 108 had come from the Forfarshire area, eighteen from Kincardineshire, thirty-three from Caithness and Shetland, and five from other counties, meaning that the puerperal mania group broadly corresponded to general admissions.<sup>90</sup> Similarly, the Annual Report from the Dundee asylum stated that 'as has been the case for many years, the greater proportion of [pauper patients] was admitted from the City of Dundee'.<sup>91</sup> This again meant that the Montrose patients were likely to have identified less with their fellow patients, and that many, such as the Shetland islanders, were very far from home. This could also have impacted on their chances of discharge, as communication with family and authorities would have been more problematic as well as the practical difficulties of returning patients to their local area.

#### Private/Pauper ratios

Among the Dundee group during the period 1840 - 1860, eleven patients were admitted at a private rate, making up about a third of the whole group, a number which remains consistent when figures are adjusted to allow for re-admissions (Table 2:2, page 151). This is consistent with the ratio of private to pauper cases among the general female

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<sup>90</sup> (DUA) THB 23/3/1/4: Directors' Report for 1900: 29, Table XIII.

<sup>91</sup> (DUA) THB 7/4/1/9: 80<sup>th</sup> Annual Report (1900): 21.

population at this asylum, which was similarly, around one third.<sup>92</sup> Three patients were admitted to Dundee whose rate of board fluctuated between private and pauper between admissions. The group of patients from the Montrose asylum, as far as it is possible to ascertain, is overwhelmingly made up of patients housed at the pauper rate, which does not wholly reflect the general demographic of the Montrose institution around this time. While there were certainly proportionately fewer private patients at Montrose, there were some. In 1855, around 17 per cent of the overall patients at Montrose were housed at a private rate, and in 1859, private patients accounted for around a fifth of female patients who were resident there.<sup>93</sup>

The lower proportion of private patients among the group of women who were admitted following childbirth may suggest that families who were paying for their relatives' care chose to send them to asylums other than Montrose. The Dundee asylum registers show a number of patients, mostly private, in the Dundee group whose place of residence is given as 'Forfarshire', it being noted that they had 'Dundee relations'. This implies that their families had chosen to send them to the Dundee asylum in preference over the Montrose establishment. As will be discussed in Chapter Four, there was a perception that puerperal insanity patients were 'not like other insane patients', and this may have influenced the choices of those families who were unable to care for women at home but who wished to see them cared for in an environment which might prevent them from 'mixing constantly with confirmed lunatics'.<sup>94</sup> The 'minute classification

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<sup>92</sup> (DUA) THB 7/4/2/8 24<sup>th</sup> Annual Report (1844): 29, Table 1.

<sup>93</sup> Scottish Lunacy Commission. Report by Her Majesty's commissioners appointed to inquire into the state of lunatic asylums in Scotland and the existing law in reference to lunatics and lunatic asylums in that part of the United Kingdom. With an appendix. 1857, Session 1. House of Commons Parliamentary Papers Online.

<<https://parlipapers.proquest.com/parlipapers>> [Accessed 22 September 2018]: 84; Second Annual Report of the General Board of Commissioners in Lunacy for Scotland. 1860. House of Commons Parliamentary Papers Online. <<https://parlipapers.proquest.com/parlipapers>> [Accessed 22 September 2018]: Appendix B, 149.

<sup>94</sup> Marland, *Dangerous Motherhood*: 59.

system' carefully observed in the Dundee asylum successfully kept classes of patient separate, while, according to the Scottish Lunacy Commission report in 1857, the growing numbers of pauper patients at the Montrose asylum had impacted on the provision of private accommodation.<sup>95</sup> The lowest private rate at Dundee in 1857 was 10/ 6d per week (around £27 per year), as opposed to £20 per year at Montrose.<sup>96</sup> The perceived temporary nature of puerperal insanity may have been a factor in families choosing to pay a higher rate, though it was not unusual to see the accommodation class of patients at Dundee descending through the six rates of board for private patients when this short-term condition turned into a long-term one.

During the 1890 - 1910 period, of those patients whose information is accessible, twelve patients were admitted to the Dundee asylum as private patients and forty-nine at a pauper rate, while the rate of board fluctuated between admissions in the case of one patient, and at Montrose, only eight women were admitted as private patients, and one patient's rate of board varied between admissions. By the end of the century, the number of admissions and the resident population of both asylums had risen substantially, which accounts in turn for the larger groups of puerperal insanity patients identifiable.<sup>97</sup> In terms of female residents, private patients tended to make up around 15 - 21 per cent of the female population of the Dundee asylum across this period, and at Montrose, private patients account for no more than 16.1 per cent of the female population at any time. The Montrose group of puerperal insanity patients still includes fewer private patients (9 per cent) than the Dundee group (14 per cent), which may reflect the demography of the wider female populations at each asylum, though the figure for the Montrose group is lower than the percentages calculated for that asylum.

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<sup>95</sup>(DUA) 7/13/5 *History of the DRLA* by James Rorie: 10; Scottish Lunacy Commission Report 1857: 84.

<sup>96</sup> Scottish Lunacy Commission Report 1857: 53; 82.

<sup>97</sup> (DUA) THB 7/4/1/7 and THB 7/4/1/8 Directors' Reports 1890 - 1901; THB 23/3/1/3 and THB 23/3/1/4 Directors' Reports 1890 - 1900.

The small numbers in this study makes it impossible to draw specific conclusions from these figures, and on the whole, the pauper/private ratio for the puerperal insanity patients did not deviate significantly from the balance across the asylum. However, it is possible to note that the Montrose Asylum had a smaller percentage of private patients in the puerperal insanity group than at Dundee, despite the fact that the private/pauper ratio across both asylums was broadly similar.

#### Married/unmarried/widowed women

The majority of the women selected for this study across both asylums and both research periods were married (see Figure 2:5, page 153). Each asylum group in the early period included three single women, though one unmarried Dundee patient was married by her second admission, and two married patients were widowed by their second admission. The 1840 - 1860 Montrose patients included two women who were widowed, one being a long-term patient transferred from Dundee, and two whose marital status was not identified. During the later period, the Dundee group included nine unmarried women, and one widow, while the Montrose group included 15 unmarried women.

Given the predisposing element of childbirth in the puerperal insanity diagnosis, and evidence of children in the selection process for the earlier period, it is perhaps not surprising that most of the women were married. Catherine Quinn similarly noted that the majority of women in her study of women admitted to Devon asylums between 1860 and 1922 were married. She argued that this was in contrast to a view expressed in medical literature that puerperal insanity was due to ‘moral shame’ at giving birth to

an illegitimate child.<sup>98</sup> Scotland's north-eastern area did however have a tendency towards a high rate of illegitimate births. In 1855, 13 per cent of all births during the year were recorded as illegitimate, well above the 7.8 per cent figure for Scotland as a whole, while the county of Forfarshire recorded illegitimate births at 8.9 per cent. These figures are probably an underestimate, as this was the first year of statutory registration and it is likely that many illegitimate births escaped official attention.<sup>99</sup> In 1900, although the rate across Scotland of illegitimate births was recorded as 6.5 per cent of all births, Dundee was noted as having the highest percentage of illegitimate births of the principal towns of Scotland, at 8.8 per cent, while the north-eastern region as a whole had a rate of 11.1 per cent illegitimate births.<sup>100</sup>

There were certainly therefore plenty of women giving birth outside of marriage in the region in both periods, who would have been as vulnerable as any other to postpartum mental illness or to the possibility of this being implicated in their diagnosis, yet only a small number of unmarried women with children was apparently being admitted to the asylum suffering from mental illness related to childbirth. It is possible that their conditions were simply not assigned to puerperal insanity, with the doctors choosing something more appropriate to the doctors' interpretation of the women's values and standards.

However, it is also possible that admission to an asylum was simply not an obvious course for unmarried mothers, and in the cases explored in Chapters Four and Five, it is evident that the ways in which unmarried women arrived at the asylum varied

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<sup>98</sup> Quinn, 'Include the Mother': 158 - 60.

<sup>99</sup> Registrar General. (1856) First detailed annual report of registrar-general of births, deaths and marriages, Scotland. Online Historical Information Reports. <<http://www.histpop.org>> [Accessed 22/9/2018]: xiii - xiv.

<sup>100</sup> Registrar General. (1901) Forty-sixth detailed annual report of registrar-general of births, deaths and marriages, Scotland. Online Historical Information Reports. <<http://www.histpop.org>> [Accessed 16/9/2018]: ix; xiii.



considerably. Some unmarried women were apparently well supported by a family network which had sought help, but others were involuntarily taken to the asylum having come to the attention of authorities. The existence or otherwise of a supportive network had strong implications for how the woman was diagnosed and treated within the asylum setting. Catherine Quinn noted that admissions of unmarried women in her study were at a proportionately higher rate than married women, when considering the rate of illegitimacy in the community at that time, suggesting that their entry to the asylums was due to increased economic vulnerability.<sup>101</sup> It is possible that the support networks available to women in Dundee and Forfarshire during this period were more effective in allowing women to evade attention from the authorities than elsewhere.

In the later period, the high number of married patients did make this group quite different from the balance in marital status across the female asylum population as a whole, which saw single women accounting for around 61 per cent of female admissions to Montrose Asylum between 1890 and 1900, compared with only 27 per cent married women, while at Dundee single women accounted for 46 per cent of female admissions as opposed to around 36 per cent married women, according to asylum figures quoted in the Directors' reports between 1890 and 1900.<sup>102</sup> The remaining admissions were made up of widowed women and a small number of divorcees. Though the numbers are small, the ratio of married to unmarried women being diagnosed with puerperal insanity broadly reflects the number of births occurring within and outside marriage, and the balance of diagnoses of puerperal mania remains strongly tipped towards married women. There was no particular tendency towards the diagnosis of puerperal mania among unmarried women in either period. This supports

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<sup>101</sup> Quinn, 'Include the Mother': 160; 167.

<sup>102</sup> (DUA) THB 23/3/1/3 Directors' Reports 1890 - 1900: Table IX; THB 7/4/1/7 Annual Reports 1890 - 1900: Table IX.

Quinn's claim that those who were diagnosed as suffering from puerperal insanity were not those who 'deviated from the boundaries' of 'natural motherhood' but instead were those who tried to 'uphold middle-class ideals of maternity'.<sup>103</sup> Their diagnosis by middle-class physicians reflected the doctors' own interpretations of the role of motherhood rather than those of the patients.

### Working women

The occupations of women in the sample groups admitted to the Montrose and Dundee asylums during the 1840 - 1860 period can be found in Appendix A, Table A5 (page 340). The information available from the records of the Montrose asylum is less complete, though it does provide similar patterns to the Dundee table. The married women, pauper and private, were almost entirely listed as housewives or wives, a status which would have entailed a significant workload running a household and caring for a family. The two unmarried women in the Dundee group were not surprisingly, given the need to support themselves, working women. However, the lack of Dundee married women recorded with occupations in their own right does not reflect the general trend in Dundee for women to continue working after marriage - as many as a quarter of married women were working in Dundee in the middle of the nineteenth century, as opposed to 3 per cent in Aberdeen.<sup>104</sup> This was largely due to the employment of a largely female work force in the city's jute mills - the multitude of spinning mills, powerloom and

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<sup>103</sup> Quinn, 'Include the Mother': 154.

<sup>104</sup> Christopher A. Whatley, David Berridge Swinfen, and Annette M. Smith. *The Life and Times of Dundee*. John Donald, 1993: 114.

handloom factories employed just over 11,000 workers, over 8,000 of whom were women.<sup>105</sup>

The idea of the working woman and the female breadwinner would seem to run counter to the ideal of wife and mother in the home, and the absence of these women from asylum admissions related to childbirth may again support Quinn's statement. There may, however, be a number of reasons for the absence of married working women from the asylum admissions for this group of women. The women's income would have been crucial to the whole family, forcing them to carry on working where others may have sought help. While the contribution of the housewife to the running of the family was equally significant, her absence did not directly involve the loss of the family income, and arrangements to care for home and family could normally be made among other female family members. Another possibility is that a high level of support among Dundee's working women may have provided their own means for dealing with poor mental health, and a high level of community care of children and indeed paternal involvement in childcare - the husbands stayed at home 'dry nursing' - made motherhood a less central role in women's lives.<sup>106</sup> Sadly, women's work in the mills was seen as cheap female labour and wages were low, leading to squalid living conditions and the highest infant mortality rate in Scotland.<sup>107</sup> Family life and the raising of children was a quite different prospect for the married millworker.

It is possible, moreover, that in these communities, odd behaviour was more likely to be tolerated than in more affluent areas, while a mistrust of authorities meant that such women would simply not come into contact with doctors at all. Of the twenty-five

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<sup>105</sup> Louise Miskell. 'Civic Leadership and the Manufacturing Elite: Dundee 1820 - 1870', in *Victorian Dundee: Images and Realities*, eds. Miskell, Louise, Christopher A. Whatley, William Kenefick, Murdo MacDonald, Charles McKean, Jan Merchant, and Lorraine Walsh. Tuckwell Press, 2000: 52.

<sup>106</sup> T.C. Smout. *A Century of the Scottish People 1830 - 1950*. Collins, 1986: 88.

<sup>107</sup> Whatley, Swinfen and Smith *Life and Times of Dundee*: 114.

general female admissions to the Montrose asylum listed in the 1850 Directors' Report, ten were listed as employed in 'housework', four were listed as 'not ascertained', and one was 'of independent means'; the remaining ten were listed as having occupations in their own right, mostly as millworkers.<sup>108</sup> Of the twenty-nine female admissions to the Dundee asylum in 1848, seven patients were listed as servants and dressmakers, and there were two weavers and one millworker.<sup>109</sup> Similar figures appear in other reports for the Dundee asylum. In sum, despite the dominance of the city's jute industry, which was largely staffed by female workers, the working women of Dundee were generally not well represented among asylum statistics during this period. Their absence was not related to factors specific to the puerperal insanity diagnosis, or to the admission of women in the puerperal period generally, but was more probably due to practical considerations and less interaction with authorities.

Later in the century, a different picture emerged from the records of the women's occupations for both the Dundee and Montrose asylums (Appendix A, Table A6, page 341). While a significant proportion of the women at both asylums are again recorded as housewives or 'wife of', working women are well represented among married and unmarried women and in both pauper and private classes. A number of roles associated with jute factory work - millworker, weaver, spinner, reeler, jute preparer - are included among the occupations. This may relate to a wider shift in ideas towards the end of the century about the role of motherhood and the attitudes of middle-class doctors towards working women, resulting in a greater willingness to accept a working woman's role as mother and as part of the puerperal insanity framework. It may also suggest that women in millworking communities were no longer able to avoid the attention of the

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<sup>108</sup> (DUA) THB 23/3/1/1, Directors' Report for 1850: 14, Table II.

<sup>109</sup> (DUA) THB 7/4/2/11, 28<sup>th</sup> Annual Report (1848): 32, Table XIII.

authorities, and in Dundee were perhaps less supported by their peers in an increasingly heavily populated and diverse city. Overall, while puerperal insanity was still more closely associated with married women, working women were not considered less likely to fall victim to the condition, either by doctors or among the wider community. The puerperal insanity diagnosis was therefore being used in the Dundee and Montrose asylums frequently among women of all backgrounds by the turn of the twentieth century, including those who did not obviously conform to Victorian ideals of motherhood, either through being unmarried or as working women.

#### Length of stay, readmissions and death

The majority of puerperal insanity patients across both time periods stayed in the asylum for less than five years, with a high number of those remaining in the asylum for six months or less, and most women would be admitted to the asylum only once. Between 1840 and 1860, most of the women included in the research group stayed in the asylum for less than six months, including readmissions, although a significant number remained in both asylums between six months and five years. Dundee had a higher number of readmissions among the group across both periods (see Table 2:2, page 151), with no patient admitted to the Montrose asylum during either period on more than two occasions. This supports the idea that puerperal insanity was experienced as a short-term condition and suggests that for many women the condition would only be considered severe enough on one occasion for asylum admission.

A number of the women identified for this study did, however, die in the asylum, and for some this was the inevitable consequence of a long residence in the institution (see Table 2:3, page 151). At Dundee, during the earlier period, four of the women who died in the asylum were private patients, and three of them had lived in the asylum for

more than thirty years, dying of senile decay and heart failure. This was not the situation in Montrose, where deaths in the asylum seem to have been entirely pauper patients, and three of those patients did remain within the asylum for more than twenty-five years. Of the seventy-one patients admitted to Dundee in the later period, eleven would die in the asylum, three of whom were private, and at Montrose, twenty-two, two of whom were private patients.

Generally, deaths within the group occurred within a short time of admission - as little as six days, in the case of Georgina G (D1894) - and arose from complications from childbirth, such as puerperal septicemia and peritonitis, other sudden onset conditions, such as appendicitis and pericarditis, and existing conditions such as phthisis and asthma. Such conditions suggest that their presentation of symptoms associated with their mental health was the result of infection rather than mental illness. There was only one suicide recorded among the women selected, that of a private patient who had been in the Montrose asylum for eight months. These findings are similar to those of Catherine Quinn, who suggested that most of the puerperal insanity patients she studied in asylum in Devon were discharged cured, with deaths in the asylum occurring due to complications caused by childbirth and exhaustion, old age, and the physical effects of life in the institution.<sup>110</sup>

Women who became chronic long-term patients could make repeated admissions or remain in the asylum for periods of twenty to thirty years, or more - in the early period, it was generally private patients whose families were able to support them in comparative comfort in the asylum setting, while pauper patients were removed at the discretion of the parish authorities. Assessment of long-stay patients during the later

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<sup>110</sup> Quinn, 'Include the Mother': 215.

period are hindered by those patients whose files are unavailable - however, by definition, these were patients who stayed in the asylum for a significant length of time. Deaths in the asylum either occurred fairly shortly after admission or were the inevitable result for long-stay patients. Some deaths were the results of complications from childbirth, but puerperal insanity patients were as likely as any other to enter the asylum with a life-threatening condition or to fall victim to infection and disease within the institution.

### *Summary*

Many women who suffered from postpartum mental problems would have been cared for at home, leaving no institutional records. In addition, trying to identify appropriate cases within the asylum setting is complicated by questions of definition both at the time and in retrospect. However, the dearth of references to the puerperal insanity diagnosis in the early Montrose case notes strongly supports the argument that, while the condition was much discussed in medical literature, and at Dundee, the diagnosis was potentially being used within a few years of Gooch's address on the subject, it was not universally adopted. By the time the term started to appear with regularity in the Montrose notes, the existence of the condition was already being questioned in the medical literature. This offers a significant finding in relation to understandings of childbirth-related mental illness in the wider communities served by the two asylums. The ideas generated by the asylums were central to the decisions about appropriate care and treatment among local doctors and officials, and also among families.

In the first half of the nineteenth century, within the national medical community, key members of the medical professions discussed the issue of mental illness following

childbirth and circulated treatises and essays on the subject of the puerperal insanity diagnosis. The uptake of the diagnosis was dependent on the initiative of key players such as Alexander Mackintosh, Thomas Wingett and James Howden, whose interests and connections facilitated the process.

Examining the records of the Montrose and Dundee asylums has allowed us to view this process as part of the development of medical knowledge. It is clear that here as elsewhere the condition was formed within a medical discourse which defined women's health as rooted in the reproductive system. While the condition was latterly seen as affecting women of all backgrounds, puerperal insanity continued to be largely defined in relations to middle-class ideals about the role of motherhood, which governed the decisions and judgements of the middle-class doctors and officials in the diagnosis and treatment of their patients.

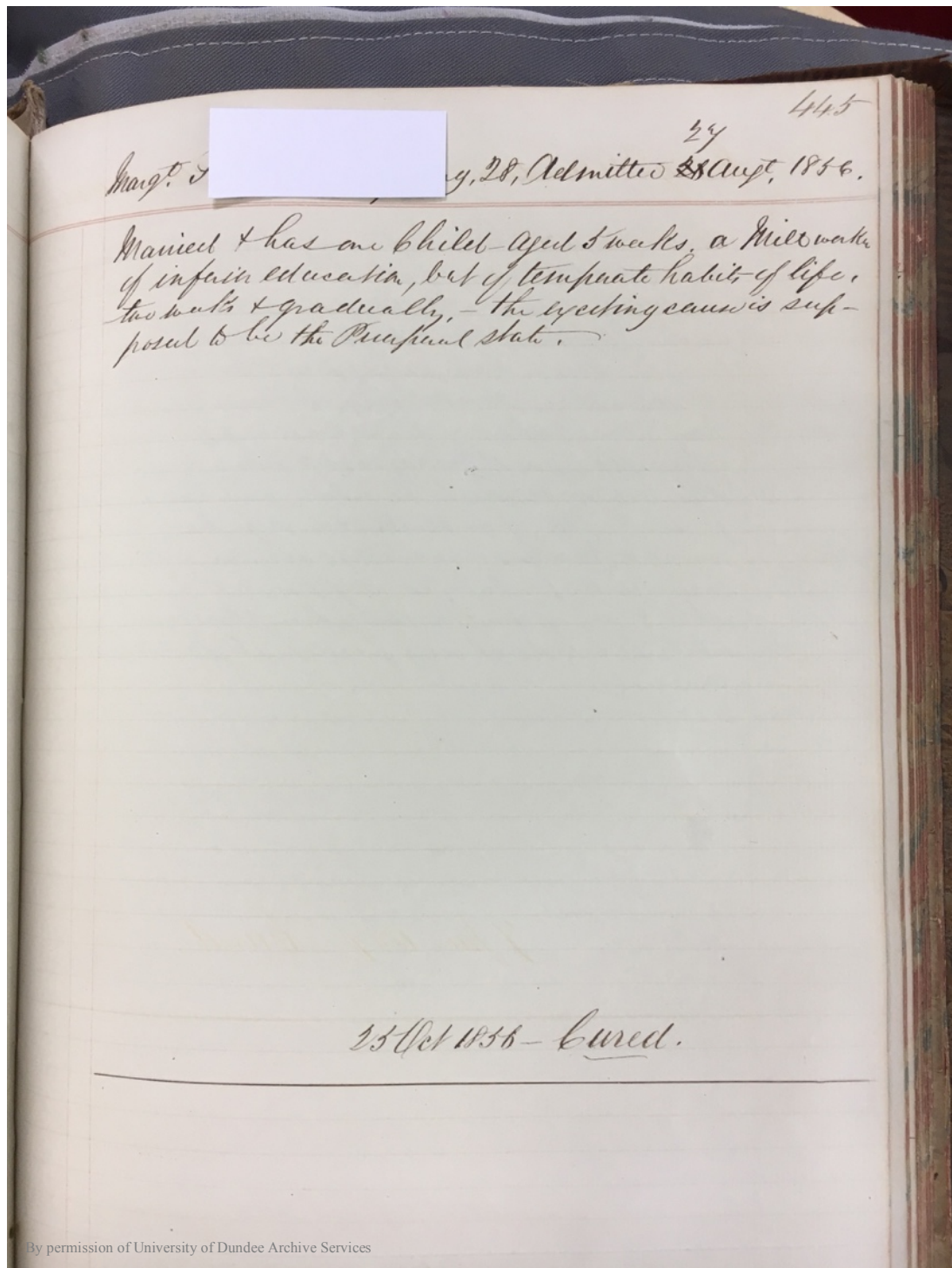
This chapter has also used the records of the asylum to locate and describe the group of women on which the rest of this thesis will be largely based. The demographics and details of the patients identified and discussed in this research have demonstrated that, while basic characteristics such as age, marital status, and classes of patients did not change significantly between the two research periods, there was a shift in the women's occupational status. That shift reflects changing work patterns in women's lives, but also indicates that the use of the puerperal diagnosis widened over different backgrounds and the female asylum population, with less emphasis on the ideal of motherhood. The asylum experience for many women, especially in the Montrose asylum may have become more isolating, as financial and policy decisions took women further from their own homes and communities. The experiences of those women, and



of their families and communities, and the repercussions of their care and treatment, will be explored in the following chapters.

Figure 2:1(a) Example of Case Book Entry, Montrose, 1856

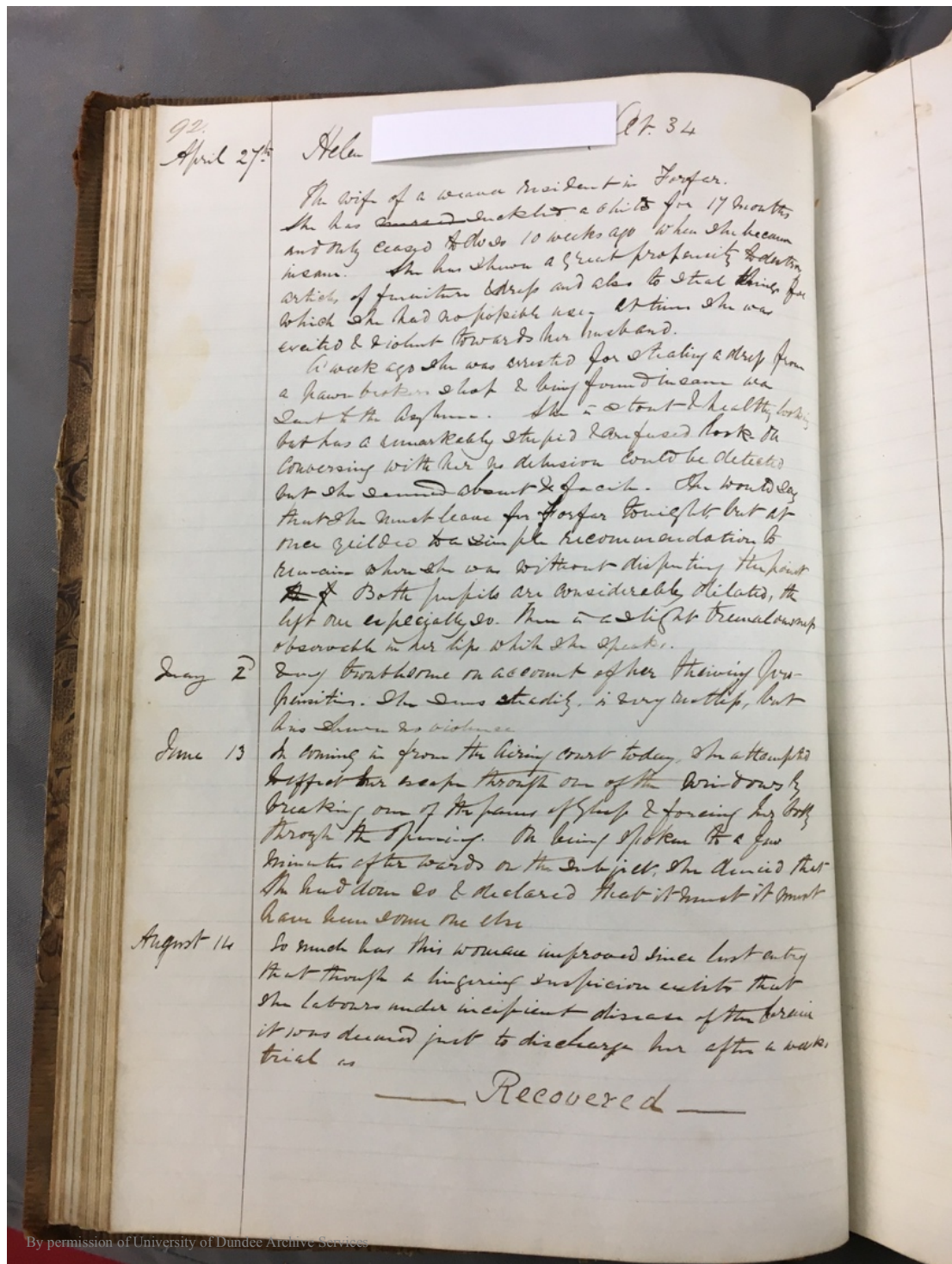
THB 23/5/1/4: 445



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Figure 2:1(b) Example of Case Book Entry, Montrose, 1858

THB 23/5/1/5: 92

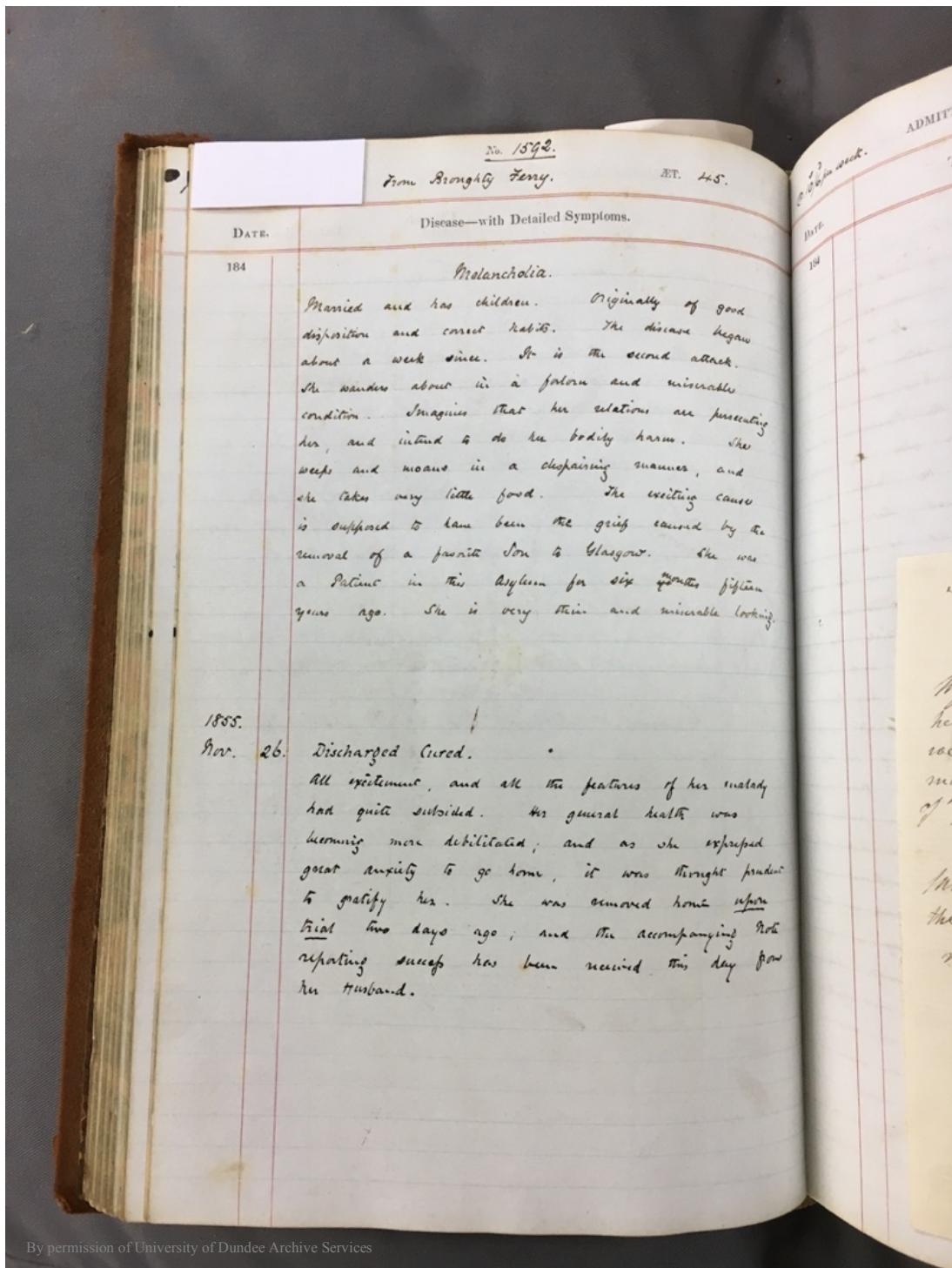


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Figure 2:2(b) Example of Case Book Entry, Dundee, 1855

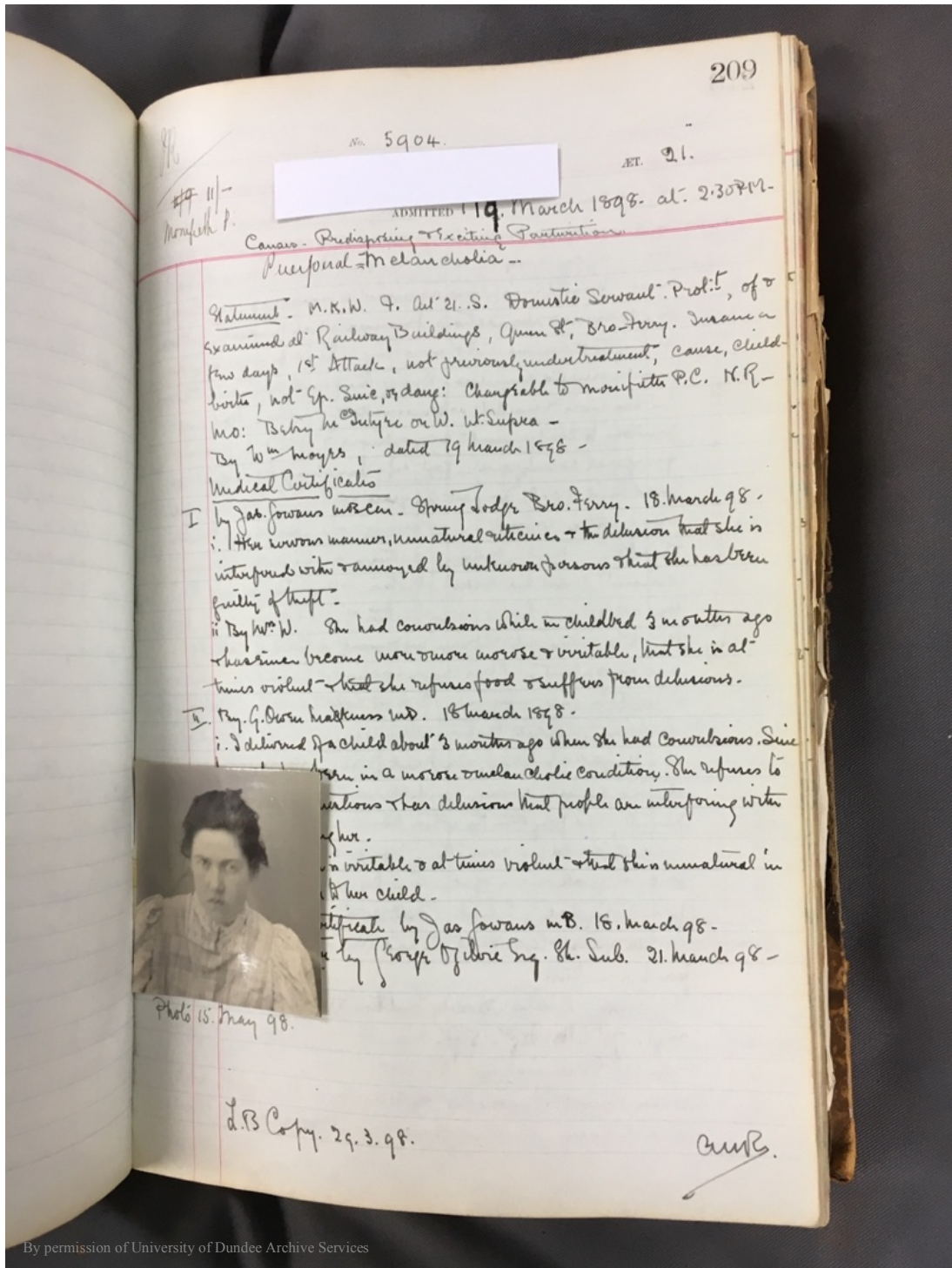
THB 7/8/9/22: 56



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Figure 2:3(a) Example of Case Book Entry, Dundee, 1898

THB 7/8/9/42: 209



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Table 2:1 Resident Asylum Populations		
	Montrose	Dundee
1839	70*	157★
1850	147*	204★
1855◆	227	213
1860	373*	209★
1891	524^	372□

\* A. S. Presly, and Sunnyside Royal Hospital. *A Sunnyside Chronicle: A History of Sunnyside Royal Hospital, Produced for Its Bi-Centenary*. The Hospital, 1981: 50 - 51. ★ THB 7/4/1/9, Dundee Royal Lunatic Asylum 90<sup>h</sup> Annual Report (1910): Table IV: 25. ◆ Report of the General Board of Commissioners in Lunacy for Scotland, 1857: 84; 55. ^ A Sunnyside Chronicle: 51 □ THB 7/4/1/9, 1910 report, Table IV.





Table 2:2 Overview of Postpartum Patients - Selected Group, Admissions and Classes									
	Number of Patients in Group	Number of admissions				Classes of Patient			
		1	2	3	4	Private	Pauper	Fluctuating	Unknown
Dundee 1840- 1860	35	21	8	6	0	11	21	3	0
Montrose 1840 - 1860	36	33	3	0	0	2	29	0	5
Dundee 1890 - 1910	71	62	5	2	2	12	49	1	9
Montrose 1890 - 1910	88	78	10	0	0	8	71	1	8

Table 2:3 Deaths of Postpartum Patients in the Asylums								
	Died in the Asylum	Duration of stay prior to death						
		Less than 6 months	6 months - 1 year	1 - 5 years	5 - 10 years	10 - 20 years	20 - 30 years	More than 30 years
Dundee 1840 - 1860	5 (14%)	1	0	1	0	0	0	3
Montrose 1840 - 1860	9 (25%)	0	1	3	1	1	2	1
Dundee 1890 - 1910	11 (15%)	6	1	0	2	2	0	0
Montrose 1890 - 1910	22 (25%)	11	2	4	3	1	1	0



Figure 2:4 Ages of Postpartum Patients On First Admission Related to Chidbirth

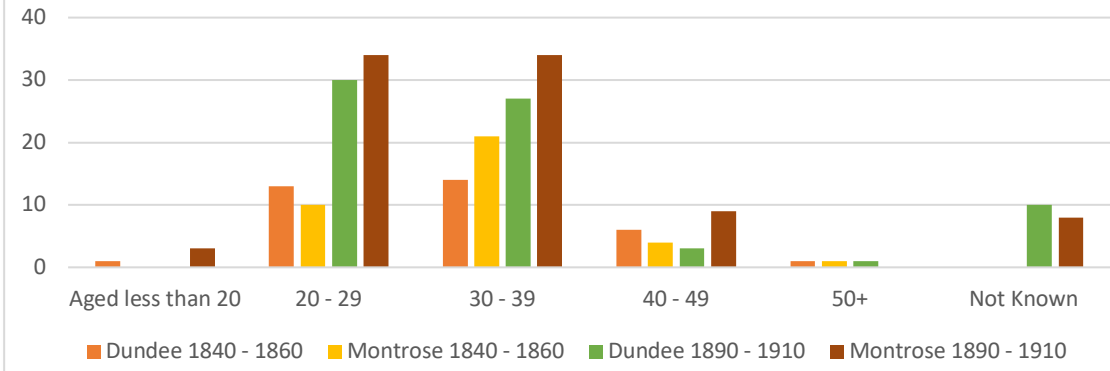
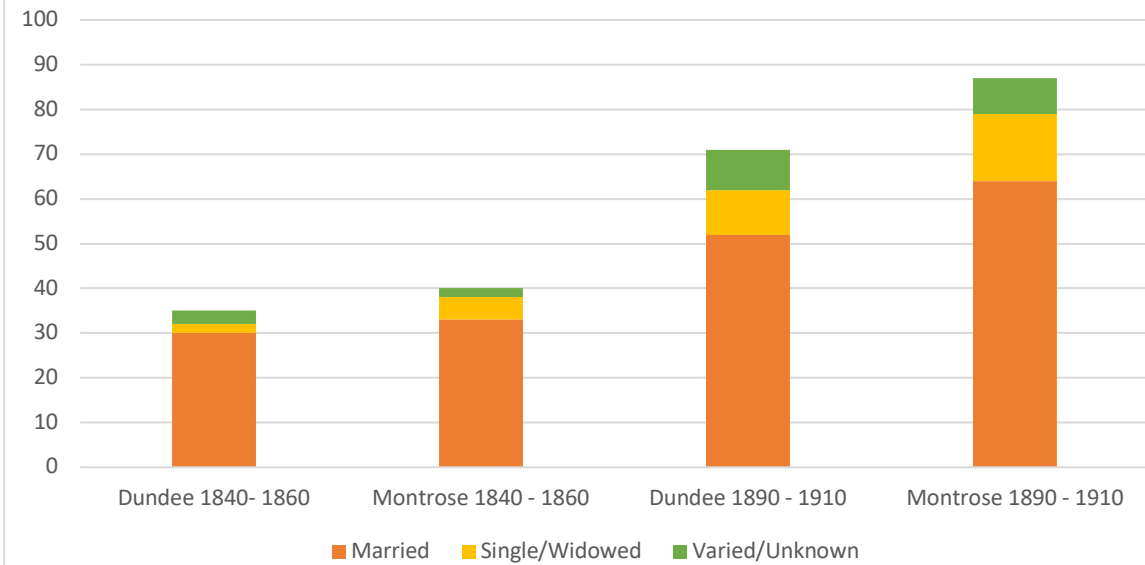


Figure 2:5 Marital Status of Postpartum Patients





## **Chapter Three**

### **Exploring family and community narratives**

#### *Introduction*

Mental illness is essentially a personal and private issue which is primarily addressed in the first instance by the individual, by their family, perhaps by friends. It normally only becomes public when the symptoms of the condition develop beyond the point where the individual and their family can cope with it at a private level. The cases of the 230 patients whose accounts form the basis of this research have necessarily moved beyond the private setting, or their cases would not have been recorded. Within the asylum records, however, family narratives can be traced which form a picture of the condition before it moved beyond the setting of the home, revealing the symptoms and behaviours that lay people associated with mental disorder, the way in which they expressed it, and the ways in which they tried to deal with it. More public acts, which could range from disruptive behaviour to criminal acts, also generated witness statements and judicial documentation, and even press coverage in the form of newspaper reports and public letters.

Taken together, these materials enable us to examine public attitudes, ideas and beliefs. The aim of the current chapter is to investigate how childbirth-related mental illness was observed and understood outwith the asylum, among families and communities, how they viewed the women before they were admitted to an asylum and to assess the behaviours that came to be associated with childbirth-related mental health issues in the wider community. The chapter will examine how families attempted to care for the women, and the circumstances which prompted or indeed forced them to seek help.

### *Papers and procedures*

Admission to the asylum was a bureaucratic and administrative process that generated a paper trail of gathered information. That information was duly entered into the asylum records - although, as mentioned in Chapter Two, the extent to which this was faithfully recorded varied from asylum to asylum and between different periods. At the start of the process, the petition for admission, or admission warrant, outlined the basic details of the case, including the patient's name, address and some personal details, though the purpose of the petition was largely to secure the petitioner's declaration to pay for the patient's treatment and board.<sup>1</sup> The petitioner could be the patient's husband, a member of their family, an employer or other respectable householder, or, more usually, a kirk minister or parochial board representative, or the local Inspector of Poor.

The format for the admission documents for the Montrose and Dundee asylums was essentially the same, although each printed form was specific to each asylum. The signatures of 'four respectable householders' were required to declare that a person was unable to pay the lowest private fee, and thus to gain them admission as a pauper.<sup>2</sup> The admission warrant would also include a copy of the medical certificate, initially merely a declaration from a doctor that the patient was insane, but by mid-century a few sentences were included outlining the doctor's observations. Admission to the asylum was dependent on these forms being completed, and a medical certificate was required 'even in the most urgent cases'.<sup>3</sup> The husband of Mary H (M1857) irritated the Montrose asylum officials when he opted to take her straight to the asylum, arriving 'without the necessary papers', and he and his wife were kept waiting for some time

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<sup>1</sup> (DUA) THB 23/4/1/1.

<sup>2</sup> (DUA) THB 7/8/1/1.

<sup>3</sup> *Ibid.*: 16.

while the warrant was obtained.<sup>4</sup> Following the Lunacy (Scotland) Act of 1857, two medical certificates were required for a patient's admission to an asylum.

The doctors who provided the medical certificates might have been engaged by the patient's family, the police or judicial authorities or, more often, by the parish board or parochial authorities. A medical officer was employed by parish councils to attend to the medical needs of those claiming poor relief within the parish, and among his duties he was required 'to furnish certificates for Lunatics and Insane Persons who are or who may become chargeable to the Parochial Board'.<sup>5</sup> The role of parochial medical officer was, while potentially arduous and time-consuming, an important one in terms of networking at a time when the reputation and social and professional position of doctors was still in formation.<sup>6</sup> In February 1847, the Montrose Parochial Board appointed William Arrot, Surgeon, as Medical Officer, and was obliged to disappoint George Steele a few days later on his application for the position with the news that the situation had already been filled.<sup>7</sup>

The information from the petition or warrant then largely formed the basis of what appeared as patient history in the patient case books. The scope, content and format of case notes changed throughout the two sample periods, becoming gradually more prescriptive and universal. At the start of the 1840 - 1860 period, the case notes might comprise as little as a short paragraph (and usually did, in the case of the Montrose notes), or several pages stretching over different case books, depending on the complexity of the case, the amount of information provided and the interest of the writer

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<sup>4</sup> (DUA) THB 23/5/1/5: 82.

<sup>5</sup> Angus Archives (AA) ACC9/41/2/1.

<sup>6</sup> For an account of the professional activities of doctors in Dundee during this period, see Campbell, M.A. (2018). 'Pathways and practice: The general practitioner in nineteenth century Dundee'. *eSharp*, Issue 26 (Re)Creation, 1-13.

<sup>7</sup> (AA) ACC9/41/2/1.



(see Figures 2:1 and 2:2, pages 143 – 6). While the occasional inclusion of a checklist for specific information, pasted into the front of some of the case books, offered a guide for officials to follow, the creation of patient case notes was anything but standardised.

From the start of the admission procedure, therefore, it is evident that this was a multi-authored process in which many people contributed to the patient's story. This does indicate, however, that the patient would often arrive at the asylum with a back story provided by a number of people who did know them, to a greater or lesser degree. The patient's medical history emerged from accounts provided by husbands, parents, immediate family members, friends, and an assortment of medical professionals and officials. In the later period, the medical certificates, although themselves in the form of separate documents, were usually carefully reproduced as part of the patient's entry in the asylum case book. The details provided by doctors from outside of the asylum were in reality often scant, with the second physician's comments often echoing, occasionally word for word, the words of the first - while both doctors were supposed to have personally examined the patient, the similarity of the two reports might sometimes suggest otherwise.

In some cases, a family doctor was able to give a more personal account of the patient's medical history. In the case of Mary R (D1890), she had evidently been examined and her certificate signed by Dr Peter Young, who noted that he had known her 'from her infancy' and that she 'had always enjoyed excellent health', being 'always pleasant and good tempered'.<sup>8</sup> The format of the later medical certificates included fields for both the doctor's own observations and for the facts as reported to the physician by the family, even if these entries in turn did often look remarkably similar

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<sup>8</sup> (DUA) THB 7/8/9/35: 275.

to the doctors' own reports. Physicians therefore seemed to rely heavily on the accounts of families for an account of the patient's previous character, medical history and current illness, and often contributed little in addition to this in their own comments.

Details of Mary R's history were provided by her mother, brother and husband, but, despite the many people involved in the process, more usually it was the account of just one family member, a husband or parent, that made up the bulk of the patient's previous history. In notes from the earlier period, it is often difficult to discern the actual source of family information, but in the later period, the family member, or where relevant, official, was usually named. The husband of Maria C (M1892) was indeed required as interpreter, as his wife spoke only Italian - the doctor's statement that his patient talked 'incessantly in an incoherent manner' was qualified with a note in parenthesis of 'husband's interpretation'.<sup>9</sup> Further information might be obtained from family members by officials on the patient's arrival at the asylum but if this was not possible, the relevant area in the case notes would be left blank. This occurred in those cases where patients were brought to the asylum by the authorities and were therefore unaccompanied by friends or relatives. In his annual report for 1904, Dundee asylum medical superintendent William Tuach complained of the 'scanty information' available on patients in such cases and the difficulties this caused, noting that this made it 'difficult to assign a given attack to any one specific cause'.<sup>10</sup>

The patient case notes and patient histories therefore present a varying amount of background information distilled through a number of sources, and in some cases, there is little information about the patient's condition before her entry to the asylum. In other cases, however, it is possible to extract a wealth of detail about a patient's life, the

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<sup>9</sup> (DUA) THB 23/5/2/10: 124.

<sup>10</sup> (DUA) THB 7/4/1/9: (1904): 26 - 27.

actions and beliefs that surrounded the development and observation of her illness, much of which had at its source, despite the involvement of numerous parties, the information provided by her close family, friends, neighbours and relatives.

Although asylum case notes and records are a valuable source of such information on patient histories, the involvement of judicial authorities where a crime had been committed generated another rich source of information. Where a woman was charged with or tried for a crime, most notably in this instance the murder of her child, the Scottish High Court of Justiciary records relating to the preparation of information, known as the 'process' or 'small papers' accumulated witness statements, medical reports, and other papers produced as evidence, though not transcripts of the trials themselves.<sup>11</sup> On a less formal basis, the coverage of crimes and trials in the local newspapers can also provide a wealth of detail not only on public reaction to a crime, but the ways in which friends, neighbours and family reacted to the crime and dealt with the woman herself. Using all these voices and comments, this chapter will identify the ways in which childbirth-related mental illness was described and discussed outside the asylum and will determine the behaviours associated with puerperal insanity in different households in Dundee, Forfarshire and Fife communities.

#### *Patient histories and family strategies*

Four short case studies, one from each asylum for each of the periods 1840 - 1860 and 1890 - 1910, will illustrate the typical characteristics of reported mental disorder following childbirth, family reactions in dealing with the woman and subsequent institutional involvement. These accounts, from both periods, display a number of

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<sup>11</sup> (NRS) Research Guides: Crime and Criminals <https://www.nrscotland.gov.uk/research/guides/crime-and-criminals> [Accessed 26/5/19]

recurring themes: the women typically expressed dissatisfaction with home and family; the reported behaviours often took place over a number of years with indications of previous and subsequent bouts of mental disorder; caring for the woman often involved many different many members of the family, who were also involved in decision-making; and attempts were made to care for the woman at home. Outside agencies such as the asylum became involved when a family could no longer cope with the woman's behaviour, but the family remained involved in the processes. These issues will be explored in the remainder of this chapter, drawing on the cases of all 230 women identified for the study and with reference to a number of specific patient cases, and of women identified in court records and newspaper reports. These cases reveal that fundamentally the same concerns and expectations were reported by families across both research periods.

Our first example is Marjory W (D1848), the wife of a jute maker, who lived in comparative comfort in Albert Street, Dundee, not far from the Dundee asylum itself. In 1848, she had been married for five years and had had two children, the first of whom had died shortly after birth. Following the birth of her second child, she had gradually become 'restless and wandering' and 'dissatisfied', and she talked about suicide. Her family reported that she had 'left her husband's house often to go to her mother's when she should have remained at home', and she was also accused of 'extravagance'. While at home, she was treated by having her head shaved and leeches applied, with no beneficial effect. Her condition was thought to be the result of 'suckling the child' and, as she became more nervous and agitated, her baby was taken away 'to nurse'.<sup>12</sup>

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<sup>12</sup> (DUA) THB 7/8/9/21: 5 - 7.

As her house was so close to the asylum, Marjory's husband decided to send her away to the asylum at Edinburgh, though some of her relatives did not agree with this and thought she should have been sent to the Dundee asylum in the first instance. Whether the decision was made for Marjory's benefit, or to keep the knowledge of her admission to an asylum from the neighbours, is not stated. Marjory spent only two months in the Edinburgh asylum, where she became even weaker and furthermore displayed none of the 'peculiar nervous turns' that her family had complained about. On her return to Dundee, she was sent to live with a female relative in Broughty Ferry, but she kept running away and again made her way to her mother's house. She was finally brought 'by force' to the asylum at Dundee by her husband and an aunt, and admitted as a patient at the lowest private rate.<sup>13</sup> After five months in the asylum, Marjory was discharged, 'cured', and despite going on to have five further children, had no further occurrence of puerperal mania and did not return to the asylum until the death of her husband caused symptoms of insanity to reappear in 1869.<sup>14</sup>

Ann M (M1846), aged thirty-two, was the wife of a veterinary surgeon and mother of three children. Although her husband stated that he 'never thought her altogether sane since their marriage', he also stated that she had become 'quite unmanageable' since the birth of her youngest child ten months before. She had threatened him with violence and had 'determined not to rest until she got quit of her husband altogether, accusing him of being unfaithful without the slightest reason'. Her husband also claimed that she had taken to singing hymns and repeating paraphrases, falling on her knees and uttering loud prayers, before rising and declaring that she had seen the Holy Ghost and that she was saved. The next morning, she would be swearing and blaspheming. After six

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<sup>13</sup> (DUA) THB 7/8/9/21: 5 - 7.

<sup>14</sup> (DUA) THB 7/8/9/25: 7.

months in the asylum, her husband decided to remove her, and she was sent home, still ‘convalescent’.<sup>15</sup>

Mary R (D1890) was admitted as a private patient on three occasions to the Dundee asylum, in 1890, 1895 and 1897, and while her illness on her first admission was on account of ‘acute mania’, her second two admissions were attributed to ‘mania, puerperal’. Her notes across these three admissions give an insight into how her family life and care unfolded before and between her admissions to the asylum. A ship captain’s wife, she appears to have spent little time with her husband and does not seem to have run her own household, living mostly with her parents or her sister-in-law in Broughty Ferry. The security for her £40 per year private account was given in all three admissions as her father or a male relative from her own family, and her husband was never mentioned by name.<sup>16</sup> Before their marriage, her husband had spent thirteen months away from home, only returning ten days before the wedding.<sup>17</sup> Mary’s illness on her first admission to the asylum was regarded as having been caused by her marriage, her symptoms having become apparent only two days after the wedding, although Peter Young, her doctor, noted that a previous ‘hysterical’ attack had seemed to have been caused by the marriage of her brother, causing her to become ‘excited in her head’. This incident had caused little concern at the time and was treated with leeches, but after her own marriage ‘her manner got strange and her actions violent.’<sup>18</sup>

Mary’s husband appears to have attempted to get medical care for her after her first attack, but in subsequent attacks all reports of her behaviour and symptoms were made by her mother. On her second admission to the asylum, Mary’s mother reported

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<sup>15</sup> (DUA) THB 23/5/1/3: 135.

<sup>16</sup> (DUA) THB 7/8/3/8; THB 7/8/3/7.

<sup>17</sup> (DUA) THB 7/8/9/35: 275.

<sup>18</sup> *Ibid.*: 275 - 276.

changes in her behaviour, commenting that Mary was ‘much altered in manner and habits’, refusing to leave her bed, and stealing the baby’s milk supply. She also said that she had to ‘lock all tea and coffee up’ as her daughter ‘insists on eating all she lays hands on’.<sup>19</sup> Mary’s third admission to the asylum would be her last. Having left the asylum in October 1896, she was re-admitted in August 1897, and her case notes state that she had been ‘not so well since leaving the asylum last year, being strange and abstracted in her manner and seldom speaking’.<sup>20</sup> Despite this, she had conceived and given birth to another child, and her mental illness was again given as ‘mania, puerperal’.<sup>21</sup> She was also noted as showing ‘complete apathy to her child’, and during her second admission did not ‘mention her child, husband or relatives, never asking to see them’.<sup>22</sup> She remained in the asylum until her death in 1905.

Elizabeth T (M1890), the wife of a commercial traveller from Edinburgh, had enjoyed good health until the birth of her second child, when she experienced ‘great physical suffering’ which finally led to ‘a hysterical attack’. This occurred after she had travelled from Edinburgh to Arbroath to stay with relatives, and as she improved after a stay of a couple of months, the family thought that she was fit to return home to ‘look after her house’. On return, however, she became ‘very gloomy and depressed’, a situation which her husband felt was not helped by his long absences from home, and he had asked his sister to care for Elizabeth when he was away. He also reported that she had attempted suicide, and that she ‘took no interest in her child’. Elizabeth’s sister-in-law claimed that Elizabeth was prone to making ‘sounds like an animal’, and finally that

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<sup>19</sup> (DUA) THB 7/8/9/42: 9.

<sup>20</sup> (DUA) THB 7/8/10/2: 203.

<sup>21</sup> (DUA) THB 7/8/3/8.

<sup>22</sup> (DUA) THB 7/8/10/2: 203; THB 7/8/9/42: 11.

she had become 'so violent as to be unmanageable'. Elizabeth remained in the asylum as a private patient for five months before being discharged 'relieved'.<sup>23</sup>

The women in the four cases detailed above were all admitted to the asylum as private patients, although as noted in Chapter One, the line between pauper and private reflected the ability to pay rather than social status. The private classes at Dundee and Montrose were, moreover, largely drawn from the lower middle and 'respectable' working classes. The cases above therefore reflect the way in which four lower middle-class families observed and responded to symptoms of puerperal insanity, and how they used the resources they had to try to bring a resolution. Their observations and reactions can be identified as common across many cases, private and pauper, with similar elements re-occurring within different cases, particularly those which related to the women's rejection of her role as wife and mother.

#### *Disinterest, delusions and domestic disorder*

As in the case of Marjory W above, families typically became concerned when women began to display unusual and uncharacteristic behaviours and especially those which centred on dissatisfaction with the home and family. Inability, or disinclination, to attend to domestic affairs and the practicalities of family life, were often perceived as a cause for concern. Jane R (D1844/M1857), admitted to both asylums at a pauper rate, displayed symptoms which were noted as having begun with 'sleeplessness, restlessness and an inattention to her duty and wandering' and an inability to 'attend to the wants of her family'.<sup>24</sup> Helen W (M1854), another pauper patient, would at times 'act rationally

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<sup>23</sup> (DUA) THB 23/5/2/9: 477.

<sup>24</sup> (DUA) THB 7/8/9/21: 14; THB 7/8/9/19: 175.



and perform the usual duties of the family', but such times had become irregular.<sup>25</sup> Elizabeth M (M1849), a twenty-eight-year-old pauper patient, had become melancholy, taciturn and finally 'took no interest in her domestic affairs'.<sup>26</sup> As with Marjory W, Ann C (D1858), a shipowner's wife admitted at the fourth private class of 15/-per week, was accused of extravagance, and her family reported that she 'talks much to herself and seems to be in an abstracted state. She has an extravagant love of dress and would spend money recklessly and profusely upon it'.<sup>27</sup> These comments suggest that, for pauper and private patients alike, lack of interest in the family and failing to perform the role of mother was seen as an indicator of mental ill health, with extravagance taken as evidence that a woman had lost control of her ability to manage household and personal spending prudently.

Disinterest in domestic affairs which developed into outright rejection of home and family were seen as more serious symptoms of disorder. A dislike of family members, and in particular children and husbands, was perceived as a cause for concern among women from both poor and more affluent households. Sophie F (D1854), a merchant's wife admitted at the fifth private class, 'fancied that the birth of her infant was a great misfortune; and manifest[ed] none of a mother's feelings or maternal instincts towards it'.<sup>28</sup> Magdalene M (D1850), also the wife of a shipowner, had 'shown no antipathy towards her child, but never speaks of it'.<sup>29</sup> On the other hand, too much attention to the children, or inappropriate caregiving, could also be seen as undesirable: Ann M

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<sup>25</sup> (DUA) THB 23/5/1/4: 272.

<sup>26</sup> *Ibid.*: 108.

<sup>27</sup> (DUA) THB 7/8/9/22: 164.

<sup>28</sup> (DUA) THB 7/8/9/21: 225.

<sup>29</sup> (DUA) THB 7/8/9/21: 115.

(M1846), whose case was outlined above, was accused by her husband of pampering her children and of feeding them ‘principally on sweetmeats and sugar’.<sup>30</sup>

In particular, the breakdown of a patient’s relationship with her husband was a recurring topic throughout both periods. Ann M (M1846) had reportedly turned against her husband, believing him, without any cause, to have been unfaithful to her.<sup>31</sup> In the case of Jane M (M1858), the pauper wife of a mason, insanity showed itself ‘chiefly in an unnatural dislike of her husband and children’.<sup>32</sup> The illness of Margaret W (M1892), a domestic servant, was reported to have manifested itself in a particular dislike for her husband, and family doctor Dr James K. Tulloch noted on her medical certificate that Jessie S (M1899), a stableman’s wife, had ‘upbraided [her husband] in my presence without any cause’.<sup>33</sup> Janet C (D1895), the wife of a labourer, declared herself to be ‘a single woman’, despite having been married for many years, and ‘after expressing herself as above she would speak of her husband in a very abusive fashion’.<sup>34</sup>

Husbands were indeed often the focus of women’s apparent delusions of persecution and paranoia. Jessie D (D1901/M1899) believed that her husband, a carpenter, was having affairs with other women, and she had gone to the length of consulting a solicitor with a view to seeking a divorce. His account of his innocence seems to have been accepted completely, and Jessie’s mistrust of her husband was regarded as a symptom of her malady.<sup>35</sup> Agnes T (D1893) was adamant that her husband had put ‘white stuff’ in her lemonade in an attempt to poison her, and that he had done this even

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<sup>30</sup> (DUA) THB 23/5/1/3: 135.

<sup>31</sup> (DUA) THB 23/5/1/3: 135.

<sup>32</sup> (DUA) THB 23/5/1/5: 106.

<sup>33</sup> (DUA) THB 23/5/2/11: 53; THB 23/5/2/14: 397.

<sup>34</sup> (DUA) THB 7/8/9/44: 460.

<sup>35</sup> *Ibid.*: 434.

prior to their marriage. The superintendent found this ‘very doubtful, the probability being that in her present weak state, she has thrown her delusions back to that time’.<sup>36</sup> Margaret W (M1892) believed that her husband was trying to poison her and her children, and that he had given her ‘a red liquid to swallow which contained poison’.<sup>37</sup> While such claims may have been unlikely, the strong focus on women’s relationships with their husbands, including highlighting these apparent delusions, illustrates the concern caused by rejection of a woman’s role as wife.

Women were, however, reported as suffering from delusions on a wide range of subjects not connected with the role of wife and mother, such as ideas of great wealth or social importance. Margaret W (M1857), it was noted, ‘increasingly fancies that she is in possession of great riches’.<sup>38</sup> Marjorie W (M1857) occasionally believed herself to be the Queen, and Helen W (M1854), believed that her child was the Earl of Strathmore.<sup>39</sup> Other women were haunted by apparitions of the dead. Margaret B (D1847) believed that her dead father and mother had ‘come alive again’, while Isabella G (M1846) spoke constantly about her children who had died and asked her husband to bring them to her from their graves.<sup>40</sup>

Other patients ‘raved’ on religious topics, despairing of ‘salvation’ and believing their souls to be lost.<sup>41</sup> Janet B (D1846), believed that she had given in to the power of the devil, that God had forsaken her, and that she had no hope of pardon. She declared that she had an ‘evil conscience’, as she had not kept the Sabbath, for which she would be punished. She could hear ‘the killed in Hell panting, and feel evil spirits tearing at

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<sup>36</sup> (DUA) THB 7/8/9/39: 34.

<sup>37</sup> (DUA) THB 23/5/2/11: 53 - 4.

<sup>38</sup> (DUA) THB 23/5/1/5: 24.

<sup>39</sup> (DUA) THB 23/5/1/5: 48; THB 23/5/1/4: 272.

<sup>40</sup> (DUA) THB 7/8/9/19: 211; THB 23/5/1/3: 145.

<sup>41</sup> (DUA) THB 23/5/1/4: 523; THB 23/5/1/4: 393; THB 23/5/1/4: 274; THB 23/5/1/5: 48; THB 23/5/1/4: 47.

her from within'.<sup>42</sup> Elizabeth S (D1840) believed that she herself was the devil, and 'that she has to kill all the people in the world, otherwise nobody will die'.<sup>43</sup> Mary S (M1858) believed herself to be 'the Saviour of the World'.<sup>44</sup>

In some cases, too much interest in religion was itself considered a manifestation of illness. In the case of Ann M (M1846) above, her constant praying and singing hymns was regarded as 'a prominent symptom of her mental aberration'.<sup>45</sup> Jane R (D1844/M1857) had a habit of reading the bible which seems to have been regarded as something of an affectation, and Ann B (M1855) was also noted for her inclination to read 'religious books'.<sup>46</sup> Delusions on the supernatural were not confined to religious beliefs, but could also reflect ideas about folklore - Mary S and Barbara H (both M1855) claimed to have been 'visited by fairies', and Agnes B (D1860) believed that she could 'regulate the shining of the sun and the moon'.<sup>47</sup> Such symptoms were reported among patients within the general asylum population and were not specific to puerperal insanity patients, with preoccupation with religious topics particularly common; puerperal insanity patients were not therefore simply being considered odd or insane because they had acted in an unmotherly fashion.

Family accounts could, moreover, include details of the circumstances leading up to the women's committal to the asylum, adding other contributory factors deemed relevant by themselves and the physicians. As well as reporting behaviours, family accounts reveal that other triggers were often seen as explanations for attacks in association with the consequences of childbirth. Margaret R (D1849) was thought to

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<sup>42</sup> (DUA) THB 7/8/9/19: 157.

<sup>43</sup> (DUA) THB 7/8/9/22: 161.

<sup>44</sup> (DUA) THB 23/5/1/5: 106.

<sup>45</sup> (DUA) THB 23/5/1/3: 135.

<sup>46</sup> (DUA) THB 23/5/1/7: 96; THB 23/5/1/4: 357.

<sup>47</sup> (DUA) THB 23/5/1/4: 300; 360; THB 7/8/9/23: 34.

have been caused ‘much apprehension and anxiety’ on account of having been badly looked after during the delivery of her baby, which was blamed on ‘the indecision and timidity of the Medical Attendants’, and similarly, Jean R (D1849) was thought to have been much affected by her dissatisfaction with the nurse who attended her during the birth.<sup>48</sup> Mary H (M1857) was said to have been affected by the disappearance of her son.<sup>49</sup> The family of Jessie S (M1899) noted a change in her demeanour and behaviour since having had ‘a fright two months previous to confinement’.<sup>50</sup> The fact that these incidences were considered important as well as childbirth indicates that families often considered these triggers as significant in the woman’s illness as those more directly linked to childbirth.

### *Keeping it in the family*

The four cases described earlier in this chapter reveal that the asylum setting was by no means considered by all to be the best place for a woman suffering from puerperal insanity to be cared for, an issue that perhaps was the cause of many family disputes when that course of action was proposed. A belief that puerperal insanity patients were ‘not like other insane patients and should be protected from the stigma of the asylum’ prevailed among midwifery practitioners, while alienists and asylum physicians naturally felt that the asylum was the preferred locus of care.<sup>51</sup> Affluent families obviously had better resources at their disposal to care for the women at home which might include trips away from home and visits to family in the countryside. Like the families of Elizabeth T (M1890) and Marjory W (D1848) above, many thought a

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<sup>48</sup> (DUA) THB 7/8/9/21: 96: 38.

<sup>49</sup> (DUA) THB 23/5/1/5: 47.

<sup>50</sup> (DUA) THB 23/5/2/14: 310.

<sup>51</sup> Hilary Marland. ‘At Home with Puerperal Mania; The Domestic Treatment of the Insanity of Childbirth in the Nineteenth Century.’ In *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, ed. Peter Bartlett and David Wright., 45-65. Athlone Press, 1999: 54.

change of scene or a short holiday with relatives would help. A variety of family members might be involved in looking after the women in their own homes, as well as carrying on the care of the children or the domestic duties of the household. The case notes suggest, however, that many families, of both private and pauper patients, initially at least made efforts to care and treat the patient at home, often for some time, before committal to the asylum. Catherine C (M1857), a pauper patient described as suffering from ‘depression of spirits and anxiety about herself’, was noted as having had a previous attack of insanity six years previously which had been treated at home. On her subsequent attack, however, she was ‘noisy, talkative and inclined to violence.’<sup>52</sup> Jane R (D1844/M1857), a coachman’s wife also admitted as a pauper, had her first attack when she was twenty-five, ‘but she was first watched at home and was not so bad’.<sup>53</sup> After a subsequent discharge, her husband ‘watched over her and tried everything he could to prevent her return to [the asylum] but failed’.<sup>54</sup>

In some cases, there is evidence that the patients had been given medication and treatments while at home in an attempt to ease their symptoms. In addition to having had her head shaved and leeches, Marjory W (D1848) had been given an unspecified medicine.<sup>55</sup> Elizabeth M (M1849) had been treated with ‘tonic medicines and purgatives’, and Elizabeth L (M1849) had been ‘blistered’.<sup>56</sup> The husband of Mary R (D1890) was noted as ‘having got med from Dr Mather’.<sup>57</sup> Mary T (M1890) had been given a ‘morphia draught at night’ on becoming restless and hysterical.<sup>58</sup> Mary W (D1898) was taking chlorodyne, an opium-based patented drug, on the orders of her

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<sup>52</sup> (DUA) THB 23/5/1/4: 523.

<sup>53</sup> (DUA) THB 7/8/9/16: 152; THB 7/8/9/19: 175.

<sup>54</sup> (DUA) THB 7/8/9/19: 175.

<sup>55</sup> (DUA) THB 7/8/9/21: 5 - 7.

<sup>56</sup> (DUA) THB 23/5/1/4: 108; 119.

<sup>57</sup> (DUA) THB 7/8/9/35: 275.

<sup>58</sup> (DUA) THB 23/5/2/9: 498.

doctor.<sup>59</sup> Where resources were available, which included medical advice and medication, families were able to care for the women to some extent at home.

Elizabeth I (D1894), a private patient, was being looked after by a nurse, Miss Gordon, during and after her confinement. About five days after the birth, her patient showed ‘first signs of something wrong’, becoming obstinate, querulous and taking a dislike to everyone who entered her room. She fell into a ‘hysterical state for days after that, crying mostly and occasionally laughing and paying very little attention to [her] child’. The baby was taken away from her, and ‘off the breast when she became “queer”’. Her family felt that she had begun to ‘get “over them” at home’ when she started to refuse food, and she was sent to the asylum.<sup>60</sup> They had taken her baby away from her when her symptoms became pronounced - whether this was for the sake of the baby’s safety or for Elizabeth’s own health is not clear, but she had clearly been nursing the child up to this point. Elizabeth C (M1888), a pauper patient, had ‘suckled [her] child for about three weeks but after that used the bottle’, and it was noted that Grace L (M1893), also admitted as a pauper, had nursed her child ‘only ... for a week or two’, though no indication is given as to the provisions made for the infant.<sup>61</sup> Mary M (M1895), a private patient, was ‘advised to give up suckling the infant as her milk was bad for it’.<sup>62</sup>

There are, of course, a number of possible explanations for why women ceased breastfeeding, but there is nothing in the notes to suggest the infants of these women were failing - indeed, Grace’s child was noted as being well. Instead, it is likely that ceasing to breastfeed was indicative of the family quietly removing the babies from

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<sup>59</sup> (DUA) THB 7/8/9/42: 347.

<sup>60</sup> (DUA) THB 7/8/9/39: 446.

<sup>61</sup> (DUA) THB 23/5/2/11: 109; THB 23/5/2/12: 137.

<sup>62</sup> (DUA) THB 23/5/2/12: 217.

their mothers' care, either for their own health or in an attempt to ease the mothers' conditions. As noted previously, Marjory W's (D1848) family had also taken her child away and put him to nurse, in the belief that nursing was the cause of Marjory's symptoms.<sup>63</sup> Elizabeth L (M1849), the wife of a skinner, had 'ceased to nurse [her baby] by order of the doctor'.<sup>64</sup> There was therefore a recognition across both periods that breastfeeding could be detrimental to the women's health and had a direct connection with her mental health. While affluent families might have found it easier to provide for the child, alternatives were found to avoid the woman having to continue to nurse the child herself.

For all of these families, however, a breaking point occurred which resulted in the seeking of outside help and ultimately the woman's admission to an asylum, and this was usually when her behaviour became considered 'unmanageable'. Women who damaged or destroyed household items or property, or who caused or threatened injury to themselves or their families, were more difficult to deal with than those who had become melancholy and disinclined to look after their children. Christian S (D1845), a flesher's wife, was admitted to the asylum having been 'unsettled, whimsical' and 'depressed' for some months. At the time of her admission, however, it was noted that she had been 'for some days violent, unmanageable and obliged to be restrained', and that 'she had neither slept nor rested for more than a week.'<sup>65</sup> Jane R (D1844/M1857) had also been reported as being violent, having 'broken windows and furniture', and on her third admission to the asylum in 1848, was 'violent, destructive and dangerous', having threatened injury to her husband and children.<sup>66</sup> Likewise, Ann M (M1846) had

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<sup>63</sup> (DUA) THB 7/8/9/21: 5 - 7.

<sup>64</sup> (DUA) THB 23/5/1/4: 119.

<sup>65</sup> (DUA) THB 7/8/9/19: 39.

<sup>66</sup> (DUA) THB 7/8/9/21: 14.



threatened violence towards her husband and ‘to destroy furniture’.<sup>67</sup> Behaviour like this became difficult for families to deal with both on a practical and an emotional level.

Many women were reported to have talked about suicide or had actually attempted to kill themselves. Ann C (M1854) spoke of drowning herself, as did Sophie F (D1854), who was also reported as having ‘eluded the vigilance of her Nurse, and was arrested upon her course towards the banks of the Tay’.<sup>68</sup> Mary H (M1857) had required ‘constant watching on the part of her friends’ but was nevertheless able to seize ‘a large pruning knife and was barely prevented from cutting her throat’.<sup>69</sup> Janet W (M1856), intent on ending her life, ‘threw herself into the sea’ and Mary C (M1855), of St Vigeans ‘jumped into the den’, a gully near the coast at Arbroath.<sup>70</sup> Janet B (D1846) ‘tried to choke herself with a napkin and tried to get razors’, and Mary D (D1848) attempted to hang herself.<sup>71</sup> Women who made threats of suicide, especially when they had made actual attempts to kill themselves, required a level of supervision which was beyond the resources of most families to provide.

Women were often considered ‘unmanageable’ therefore when they began to pose a threat to themselves and others, leading families to decide that they could no longer cope with their behaviour at home, as they feared for the safety of the women themselves and the safety of family members, especially the children. What was considered ‘manageable’, however, sometimes related to the family’s ability to keep the woman’s condition private. Once the woman’s behaviour had gone beyond the confines of the house, families seem to have been more willing to seek an institutional solution and, in some cases, the decision was taken out their hands. Mary B (D1838) had left

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<sup>67</sup> (DUA) THB 23/5/1/3: 135.

<sup>68</sup> (DUA) THB 23/5/1/7: 57; THB 7/8/9/21: 225.

<sup>69</sup> (DUA) THB 23/5/1/5: 82.

<sup>70</sup> (DUA) THB 23/5/1/4: 450; THB 23/5/1/4: 353.

<sup>71</sup> (DUA) THB 7/8/9/19: 157; THB 7/8/9/18: 215.

her house a few days after giving birth ‘almost in a state of nudity’ and was later found ‘nearly naked’ hiding in a potato field. A local minister, Rev. Wilson, assumed that she had in fact escaped from the asylum and contacted the authorities to have her returned, resulting in her immediate admission to the asylum.<sup>72</sup> Helen W (M1858) was arrested for stealing a dress from a pawnbroker’s shop, and was first examined at Forfar Prison, where a medical practitioner determined her insane and sent her to the asylum.<sup>73</sup> Elizabeth G (D1900/M1900), was brought to the Dundee asylum from the Police Office, having been caught smashing her neighbours’ window and shouting obscenities.<sup>74</sup> Agnes D (D1894) attacked her husband with a hammer while he lay sleeping, then jumped twelve feet from an outside staircase onto the stone pavement below, injuring her left ankle. She was charged with assault at the Police Office but taken soon after to the Dundee asylum.<sup>75</sup> These incidences left families with little choice but to accept institutional involvement.

Agnes D’s behaviour following the recent birth of her child had already attracted the attention of her neighbours, who described her to have been ‘queer lately’.<sup>76</sup> While criminal acts and public disturbance might force the issue, many families were also keen to avoid the attention of the immediate community. Marjory W’s (D1848) husband did not want to send his wife to the asylum on their doorstep and chose instead to send her to the Royal Edinburgh Asylum. Jane N (D1849) was noted as having been admitted to the asylum having become ‘troublesome to the neighbours’.<sup>77</sup> Jane R’s (D1844/M1857) disruptive, noisy and violent behaviour had started to alarm the neighbours, while Margaret W (M1892) had caused bad feeling in her community

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<sup>72</sup> (DUA) THB 7/8/9/10: 98.

<sup>73</sup> (DUA) THB 23/4/1/3; THB 23/5/1/5: 92.

<sup>74</sup> (DUA) THB 7/8/9/44: 82.

<sup>75</sup> ‘Murderous attack by a wife on her husband’. *Aberdeen Journal*, 11 May 1894: 5; THB 7/8/9/39: 225.

<sup>76</sup> (DUA) THB 7/8/9/39: 225.

<sup>77</sup> (DUA) THB 7/8/9/21: 37.

through quarrelling with the neighbours.<sup>78</sup> Ann C (D1858) seems to have become especially problematic to her family when her ‘eccentric’ behaviour had started to cause gossip among her neighbours:

Her manners and conversation are so eccentric as to have attracted the attention of her neighbours, who arrived at the conclusion that it was not right that her relations should allow her to go at large.<sup>79</sup>

In this case, the consensus of Ann’s neighbours seems to have informed the family’s decision to seek Ann’s admission to the asylum.

The cases detailed above reveal a consistency in the ways in which the families of both pauper and private patients began to notice childbirth-related mental illness, and the behaviours that came to be recognised as associated it, which were to a great extent centred on the woman’s role within the family. Families from all backgrounds took measures to try to care for the women, often removing infants for their safety and for the health of the mother and were often able to provide basic medical care. Admission to the asylum was not usually the first recourse for the families discussed above, either for the lower or middle-class families who had the funds to pay for asylum treatment, or for the pauper patients whose board and treatment was paid for by the authorities.

Taken together, the admission warrants, and other documents examined above, show that families would often only seek institutional help when they could no longer hide unconventional behaviour from the attention of others, allowing it to become the subject of gossip and public discussion. In some cases, the situation was taken out of the hands when the women’s behaviour forced the intervention of the authorities, and the families then had no choice but to accept admission.

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<sup>78</sup> *Ibid.*: 14; THB 23/5/2/11: 53.

<sup>79</sup> (DUA) THB 7/8/9/22: 164.

*What the neighbours said*

The opinions of neighbours and other observers became much more visible in cases where a woman's actions resulted in criminal charges or media attention. This was particularly true in cases focussed on the harm or murder of her children. The prospect of danger to the infant, whether through the mother's carelessness, neglect or through her giving in to feelings of murderous intent, signified the greatest antithesis to the ideal of loving mother and protector. Catherine O (D1860) caused her family concern soon after the birth of her child, when she was 'observed to be excited, suddenly snatching up her child in such a manner as endangered its life', and Jane N (D1849) threatened to kill her husband and children by poisoning them, and set fire to 'everything she [could] lay her hands on'.<sup>80</sup> Magdalene M (D1850) had 'obtained possession of a sword and confessed that she felt compelled to destroy her children with it'.<sup>81</sup> While such threats and aggressive behaviour towards family and children was frightening for the immediate family, the murder or attempted murder of a child by its mother moved the problem from the confines of the home or even the asylum and into the public arena, generating narratives in the form of witness statements and newspaper reports from family, neighbours, friends and observers. The experiences of women who committed child murder will be looked at in detail in Chapter Five. In the remainder of this section, we will study the way the public accounts of three cases of child murder and one case of attempted child murder depicted the attitudes and interventions of observers outside of the immediate family setting.

The friends and neighbours of Jane G (C1871), a twenty-six-year-old fisherman's wife from Broughty Ferry, east of Dundee, expressed little surprise when she left her

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<sup>80</sup> (DUA) THB 7/8/9/23: 137; THB 7/8/9/21: 37.

<sup>81</sup> (DUA) THB 7/8/9/22: 41.

home one Sunday evening in June 1871, her three-month-old son in her arms, ran into the water of the River Tay, about a hundred yards away, and stood holding the head of the infant under the water. Jane Anderson, a young girl who saw Jane heading towards the water, immediately realised her purpose and ran to her father shouting, ‘Janey’s away down to drown the bairn’.<sup>82</sup> Jane quickly handed over the child when David Anderson waded out to her, though she refused to leave the water herself and had to be dragged to the shore. The child was taken into a nearby house, where, having vomited up a ‘good deal of food after getting some hot milk’, he seemed none the worse for his ordeal.<sup>83</sup> His mother was promptly taken into custody in Dundee Prison, and was brought before the Dundee Circuit Court of Justiciary in September 1871 to face a charge of attempting ‘to murder by means of drowning’.<sup>84</sup>

The witness statements given by Jane G’s neighbours offered surprisingly consistent reports about the state of Jane’s mind both before and after the birth of her child. Jane Findlay offered the opinion that she had always ‘considered the prisoner silly’ but that ‘since the birth of her child’ she had thought her to be ‘out of her mind’. Another neighbour, Grace Kidd, who had lived with Jane for several weeks after the birth, doing so ‘out of compassion for the child’, stated that ‘her mental state became worse after the birth of the child’, and ‘altogether I have no doubt that since the birth of the child she has been insane and unaccountable for her actions’.<sup>85</sup> Peter Mitchell, a local coffee house keeper and witness to the incident, expressed similar beliefs, stating, ‘It was my

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<sup>82</sup> (NRS) AD14/71/196: Precognition against Jane G---- for the crime of attempt to commit murder by means of drowning: Statement by David Anderson.

<sup>83</sup> *Ibid.*: Statement by Jane Duncan.

<sup>84</sup> (NRS) JC26/1871/55: Indictment against Jane G---- for the crime of attempt to commit murder by means of drowning.

<sup>85</sup> (NRS) AD14/71/196: Statements by Jane Findlay and Grace Kidd.

impression at the time, and it is still, that the prisoner was out of her mind when she put the child in the water'.<sup>86</sup>

Jane's neighbours had been concerned by Jane's lack of interest in her child and had clearly been keeping an eye on her. Grace Kidd stated that Jane was unable to look after her child, and that she 'did not like it, and often [said] that she would drown herself and it'. She also noted:

She had delusions also. Sometimes she would say that there were faces staring at her, that there was an oven with a fire in it in the bed, and that she heard moans of dying people....<sup>87</sup>

Jane Duncan, another neighbour, regarded Jane as 'only fit for an asylum', and offered a similar story:

On the night of Saturday 17 June, I asked her to sit down and mend some fisher lines, while another woman was nursing her bairn. She sat down after some pressure, but shortly relinquished her work, saying she heard moans of people dying. She said this several times. This was a delusion on her part. After some difficulty, she was prevailed on to go home, and David Anderson went and kindled her fire.<sup>88</sup>

David Anderson, the neighbour who would take the child from Jane's arms, stated that while he was in her house lighting her fire, Jane had 'laughed in a silly way all the time ... and did not speak a word', adding, 'this was the first time I had seen indication of her insanity, tho' I had heard it spoken of'.<sup>89</sup>

Jane G's neighbours had evidently been concerned about her behaviour for some time, and had kept a close watch on her, allowing them not only to take swift action when Jane attempted to kill her child, but to present a collective narrative in which her

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<sup>86</sup> *Ibid.*: Statement by Peter Mitchell.

<sup>87</sup> (NRS) AD14/71/196: Statement by Grace Kidd.

<sup>88</sup> *Ibid.*: Statement by Jane Duncan.

<sup>89</sup> *Ibid.*: Statement by David Anderson.

culpability in the crime was reduced and which ultimately supported her defence and the desertion of her indictment. Their statements also reflected their belief in childbirth as a cause of mental illness, or at least an understanding that this would be accepted by the authorities as a defence - despite the fact that she was generally considered 'weak-minded' or 'silly', they were united in their assertion that Jane's state of mind had been affected by the recent birth of her child.

The opinions of Jane's neighbours were supported by two local doctors, James William Miller and David Greig, who were called to examine Jane in Dundee Prison on 22 June, pronouncing her at that time 'insane, and unfit for trial'.<sup>90</sup> The presiding Judge at her subsequent trial, Lord Deas, accepted the doctors' judgement, the charge was deserted *pro loco et tempore* (the indictment was stopped without the facts being determined), and Jane was ordered to be kept in strict custody during her Majesty's pleasure.<sup>91</sup> She would spend the next thirty years of her life in the Criminal Lunatic Department at Perth Prison and in Dundee Royal Lunatic Asylum.<sup>92</sup>

The following year, Elizabeth G (C1872), from Burntisland in Fife, drowned her small son while suffering from what James Carmichael, Elizabeth's doctor, described as 'lacteal insanity'.<sup>93</sup> Like Jane G, Elizabeth's friends and family had also apparently been aware for some time of her deteriorating mental health, although they had not supposed her to have 'homicidal tendencies'.<sup>94</sup> Her family dated her illness back to 1870:

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<sup>90</sup> (NRS) AD14/71/196: Statement by Drs Miller and Greig, dated 22 June 1871.

<sup>91</sup> 'Dundee Circuit Court of Justiciary'. *Fifeshire Advertiser*, 9 September 1871: 2.

<sup>92</sup> 'Jane G----', 1881 Scotland Census. Parish: Perth East Church. ED: *The General Prison for Scotland*; Page: 36; Line: 17; 'Jane G----', 1891 Scotland Census. Parish: Perth East Church. ED: H M General Prison; Page: 14; Line: 11; 'Jane G----', 1901 Scotland Census. Parish: Liff, Benvie and Invergowrie. ED: Dundee Royal Lunatic Asylum; Page: 17; Line: 1. <<http://www.ancestry.com>> [Accessed 18/8/18].

<sup>93</sup> 'Found Insane'. *Fife Free Press*, 21 September 1872: 3.

<sup>94</sup> 'Tragedy at Kirkton of Burntisland'. *Fife Free Press*, 29 June 1872: 3.

having had someone's child from Edinburgh to nurse it was taken from her back to Edinburgh. Her mind became unsettled and she went to stay with her mother at Dundee and to her aunt ... for a change but she never improved. She was dull and never spoke.<sup>95</sup>

Elizabeth's poor physical and mental health was thought to have been caused not only by the nursing of her own children but also by taking in another child, to which she seems to have become attached. Elizabeth's neighbours similarly reported that she had 'been labouring under mental derangement for a long time', and that she 'seldom spoke to or held any intercourse with her neighbours'.<sup>96</sup> Nevertheless, they apparently had her under observation, and 'had noticed that she was not kind to her son Thomas'.<sup>97</sup>

On the afternoon that Elizabeth killed Thomas, her neighbour Mrs Ross had called on her and 'asked in a customary manner how [Elizabeth] was getting on'.<sup>98</sup> James Carmichael, who had stated that he believed Elizabeth had been insane at the time of the birth of the child, also reported that she had tried to commit suicide some months previously by taking laudanum, and that he had 'recommended that she be put into confinement on the first occasion, but the friends objected to it'. At this point, the doctor noted that she was in poor physical health, and very thin, and that she had been nursing the child for several months. He also noted that her neighbours had given her an emetic which caused her to vomit the laudanum.<sup>99</sup> While her family and neighbours had gone to some lengths to keep Elizabeth out of an institution, her husband seems to have been less supportive, certainly following the murder, as he refused to appoint 'an agent' to take up his wife's defence as she was 'either insane or guilty'.<sup>100</sup>

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<sup>95</sup> (NRS) HH17/47: NRS HH17/47: Criminal lunatics (Perth) records, G---- or D----, Elizabeth, 1872-1898. History of prisoner and family.

<sup>96</sup> 'Tragedy at Kirkton of Burmtisland'. *Fife Free Press*, 29 June 1872: 3.

<sup>97</sup> (NRS) HH17/47: History of prisoner and family.

<sup>98</sup> 'Tragedy at Kirkton of Burmtisland'. *Fife Free Press*, 29 June 1872: 3.

<sup>99</sup> 'Found Insane'. *Fife Free Press*, 21 September 1872: 3.

<sup>100</sup> 'The Burmtisland Murder Case', *The Scotsman*, 10 January 1873: 6.



In contrast to these tight-knit communities, in 1895, Elizabeth B (C1895/D1895), was an incomer to an urban community, and was avoided by her neighbours. Elizabeth was also considered to be suffering from insanity caused by lactation and malnourishment when she neglected her four children and caused the death of her 14-month-old son. She had remained in Dundee in 1894 while her husband, a ship's riveter, worked in Belfast, and lived in a small room with their children, measuring about 14 feet by 12 feet, for which she paid 2s 3d per week rent, in the area of Maxwelltown, Dundee. While these conditions were cramped, the area was considered a good one, occupied by 'what house factors term "good tenants"', and neighbours reported their shock at the death of the infant. They had, however, considered Elizabeth to be 'peculiar' and offered her no assistance. According to one of the neighbours, Elizabeth was not 'of a sociable temperament', preferring to keep 'herself to herself', and to live 'a sort of a hermit life', which was seen as one of her 'peculiarities'.<sup>101</sup> Essentially a stranger in this community, Elizabeth was probably suffering from some kind of mental illness before she arrived back in Dundee, as she had reportedly complained, while living briefly in Belfast with her husband, that the neighbours there were talking about her.<sup>102</sup>

The aftermath of the drowning of two young children by their mother in Kirkcaldy, Fife, in 1910, again illustrates the support of the local community. Jane W (C1910/D1910) had jumped into a pond in a public park, with the apparent intention of drowning herself as well as her children. She had changed her mind and resurfaced but was unable to find and pull up the children. Prior to the incident, the *Fifeshire Advertiser* noted, Jane and her husband had 'from all accounts... lived happily enough

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<sup>101</sup> 'Alleged Starvation of a Child in Dundee'. *Dundee Advertiser*, 1 March 1895: 5; 'Alleged Culpable Homicide in Dundee', *Dundee Courier*, March 1, 1895: 5.

<sup>102</sup> (NRS) HH17/11: Criminal lunatics (Perth) records: B---- or B---- Elizabeth, 1895-1923. Report marked B1, history of Elizabeth B---- or B----.

together' but it had also been observed that 'since the birth of the youngest child, three months ago, Mrs W---- had suffered from occasional bouts of depression'. While Jane W had undoubtedly committed 'a terrible act' causing 'a painful sensation throughout the community', she and her family seem to have received the full support of her neighbours, including the local minister. The funeral of the children was said to have been attended by 'the parents of the unfortunate young mother and other relatives' and presided over by Rev Slater, who, it was noted, had been 'in constant attendance' on the family during the week, taking 'a deep interest in the young woman, her husband and relatives'.<sup>103</sup>

The *Fifeshire Advertiser* described the incident as 'a terrible domestic tragedy ... which sent a wave of horror and sympathy through the entire community'.<sup>104</sup> The *Dundee Courier* was the first to describe 'the scene of the tragic occurrence', which had taken place in a 'small but picturesque sheet of water pleasantly situated on the back of the Crest Hill' (the *Fifeshire Advertiser* would helpfully later publish a picture postcard image of the scene, underlining the tranquil nature of the location), and described in some detail the operation to recover the bodies of the children, one 'an infant of three months', the other 'a bonnie fair-haired bairn'.<sup>105</sup> The recovery of the bodies was apparently watched by a solemn crowd, who exchanged 'sympathetic remarks' as the bodies were recovered from the water. The *Dundee Evening Telegraph* noted with interest later the same day that 'there was only a small gathering of morbidly curious spectators in the public seats' when Jane was brought before the Police Court. Jane W enjoyed a level of support and understanding from her immediate community which

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<sup>103</sup> 'The Kirkcaldy Tragedy', *Fifeshire Advertiser*, March 5, 1910: 8.

<sup>104</sup> *Ibid.*

<sup>105</sup> 'Kirkcaldy Woman Charged', *Dundee Courier*, March 1, 1910: 5; 'The Mill Dam Tragedy - Mrs W--- - Certified Insane', *Fifeshire Advertiser*, April 16, 1910: 10.

Elizabeth B, who was essentially a stranger in a crowded but ultimately remote urban setting, was denied.<sup>106</sup>

The more public nature of the accounts arising from public acts of violence and criminal acts, especially that of child murder, provides a more extended set of comments beyond those of the family narratives, and allows the assessment of attitudes within local communities. Witness statements and press reports suggest that while communities were quick to notice and comment on strange behaviours and uncharacteristic actions, they were often sympathetic to women affected and could intervene proactively, to protect young children and support the mother. There also seems to have been a general belief in a connection between childbirth and insanity in public discourse.

### *Summary*

From the examination of institutional records in this chapter, it is clear that family narratives and community accounts indicate a widespread acknowledgement of a connection between childbirth and insanity. The behaviours and symptoms reported did not vary significantly between the two research periods, suggesting a continuity of general understanding across the second half of the nineteenth century. Families, both poor and affluent, certainly often attempted for some time to care for their relatives at home. Those families who could afford to would try to cure the women with restful visits to relatives and through the medication available to them. Some of this would be motivated by the need to avoid the stigma of asylum admission, and some families may have chosen to send their relatives to an asylum in a different town, if possible. Poorer families did not have this luxury, and their relatives were sent to wherever the

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<sup>106</sup> The cases of Jane W and Elizabeth B will be looked at in more detail in Chapter Five.

Parochial authorities or poor boards chose to send them. While care at home may have been possible in many cases, families were often forced to seek help, or had institutional involvement forced upon them, when the women's behaviour became public, violent or criminal. Communities, however, also played their part in monitoring the behaviour of women, and the support of the local community could follow even the death of a child at the hands of its mother.

While family accounts of puerperal mania included reference to symptoms and behaviours which were common to other definitions of insanity, and alternative triggers and causes were offered within the accounts, they usually centred very clearly on a woman's failure to perform the role of wife and mother and her lack of interest in her domestic affairs. This expression of essentially middle-class ideals is evident across families from different backgrounds. The extent to which the family narratives have been filtered through institutional procedures, with the views of the asylum officials and physicians selecting the information that would be recorded, must be a consideration in this analysis. However, the evidence in the women's records suggests that this interpretation was a part of the diagnosis in the wider community, and part of the understanding of childbirth-related mental illness. The actual treatment of women within the asylum once they had been diagnosed with puerperal insanity, and the ways in which judgements were made about their background and therefore prognosis and care, is explored in the next chapter.



## **Chapter Four**

### **Treatment, recovery and release**

#### *Introduction*

In the previous chapter, I explored how families, friends and neighbours began to recognise and interpret the symptoms and behaviours associated with puerperal insanity, in many cases making efforts to care for the women in their own homes and to keep the condition from the public eye. It is impossible to state how many cases there were in which the care of the family, or the progress of the condition, made the involvement of any other agencies unnecessary and the experience of any form of postpartum mental illness unrecorded and untraceable. Once women had been diagnosed with puerperal insanity, however, the record becomes much clearer. While the asylum was by no means the only place where such women were treated and cared for, it was the main medical pathway for many women and the experience of women within the asylum constituted the post-diagnosis experience.

This chapter will examine the ethos of care and the methods employed for treatment of puerperal insanity in the two asylums. It aims to reveal what being treated for the condition actually meant for the women; the expectations and ideas which impacted on the experience of puerperal insanity; the typical length of stay and prospects for readmission or recovery for these women; and the common outcomes for women who had passed through the asylum process. The chapter will uncover institutional practices related to the perception and treatment of women within the asylum, and subtle differences in the way women were diagnosed and treated according to class. Ultimately, my research concludes that outcomes for women admitted to the asylum were generally positive and that the two asylums at Dundee and Montrose

offered a positive contribution to women's healthcare. As outlined in Chapter Two, the notes from the Montrose asylum during the 1840 - 1860 period were less detailed and contain little information about the actual treatment the women received, and so the discussion of this period necessarily concentrates more on the information available from the notes from the Dundee asylum.

*Recovering the 'latent spark of reason': Treatment in the asylums*

In the second annual report of Dundee Lunatic Asylum, delivered in 1822, the Directors emphasised that the purpose of the asylum was to restore the lunatic to reason through means 'most gentle and humane', noting that 'the time is happily gone by when it was thought enough to prevent the patient from doing violence to himself or those around him'.<sup>1</sup> Dr James Rorie, Medical Superintendent at Dundee from 1859 until his retirement in 1903, commented that the asylum had been built:

at a very important period in the history of psychological medicine, namely, that period when it had dawned on the public mind that harshness and chains were not the proper remedies for the insane, but that much might be done in the treatment of this affliction by kindness, gentleness, and especially healthy occupation.<sup>2</sup>

Likewise, Richard Poole, Superintendent of the Montrose asylum from 1838 until 1845, noted in 1841 that the Montrose asylum had emerged 'during an age that slowly recognized the supremacy of benevolence as a remedy in mental diseases'.<sup>3</sup>

Moral treatment was an approach which recognised the status of the lunatic as a 'rational being' rather than something less than human. The core principle was the

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<sup>1</sup> (DUA) *History of the Dundee Royal Lunatic Asylum*. James Rorie, 1912: 16 – 17.

<sup>2</sup> James Rorie. 'On the Treatment of the Insane Sixty Years Ago as Illustrated by the Earlier Records of the Dundee Royal Asylum.' *British Journal of Psychiatry* 33 (1887): 1.

<sup>3</sup> (DUA) *Memoranda regarding the Royal Lunatic Asylum, Infirmary and Dispensary, Montrose*, by Richard Poole, 1841: 1.

encouragement of the individual to regain self-control and to ‘collaborate in their own recapture by the forces of reason.’<sup>4</sup> Physical restraint and harsh methods were replaced by a system of re-socialisation, driven by discipline, rewarding of good behaviour and useful employment.<sup>5</sup> Within this philosophy, the care of patients suffering from puerperal insanity combined physical remedies with a gentle regime of ‘kindness, rest and reassurance.’<sup>6</sup> Robert Gooch’s writings had offered advice on the most effective medicinal treatments for puerperal mania:

- 1<sup>st</sup>. Such as reduce the force of the circulation, especially bloodletting.
- 2d. Such as evacuate gastric and intestinal impurities, and amend the secretions which flow into the alimentary canal, as emetics and purgatives.
- 3d. Such as give sleep during the night, and calmness during the day: these are the various narcotics.
- 4<sup>th</sup>. Such as sustain the vital powers, as tonics and stimulants.<sup>7</sup>

Physical treatments in the early nineteenth century, rather than targeting specific diseases, were, as Andrew Scull has suggested, ‘useful weapons against any and all types of bodily dysfunction,’ utilising ‘purges, vomits, bleedings, and various mysterious coloured powders.’<sup>8</sup> In the case of puerperal insanity, as Gooch’s instructions suggest, this usually meant mild purgatives to clean out the system, opiates to calm and promote sleep and tonics to build up strength.

The earlier case notes at Dundee bear evidence of both Medical Superintendents

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<sup>4</sup> Lorraine Walsh. ‘“The Property of the Whole Community”. Charity and Insanity in Urban Scotland: the Dundee Royal Lunatic Asylum, 1805–1850’. In: Melling J and Forsythe B eds. *Insanity and Institutions in Society, 1800–1914: A Social History of Madness in Comparative Perspective*, 180 - 199. Routledge, 1999: 101.

<sup>5</sup> Jonathan Andrews. ‘The Rise of the Asylum in Britain.’ In *Medicine Transformed: Health, Disease and Society in Europe 1800 – 1930*, ed. Deborah Brunton, 298 - 330. Manchester University Press, with the Open University, 2004: 316.

<sup>6</sup> Nancy M. Theriot. ‘Diagnosing Unnatural Motherhood Nineteenth-Century Physicians and ‘Puerperal Insanity’’. *American Studies* 26 (1990): 77.

<sup>7</sup> Robert Gooch. *An Account of Some of the Most Important Diseases Peculiar to Women* (J. Murray, 1831): 162.

<sup>8</sup> Andrew T. Scull. *Museums of Madness: The Social Organisation of Insanity in Nineteenth Century England*. London: Allen Lane, 1979: 127 – 128.



Alexander Mackintosh and Thomas Tozer Wingett's interest in exploring the effects of treatment and possibilities for cure. The notes recorded during Mackintosh's tenure as superintendent, although scrawling and difficult to read, are especially detailed and extensive. Like W.A.F. Browne and Richard Poole, Mackintosh became interested in phrenology, which he described as 'a system in unison with nature', and he described having been 'delighted and amused' by the works of George Combe.<sup>9</sup> There is, however, little note of the use of phrenology in the asylum case notes, though there is a description of a phrenological analysis of Marjory W (D1848).<sup>10</sup>

The physician in the mid-nineteenth century turned his attention first to the state of the stomach and intestines as the cause of general forms of insanity, and James Reid noted that puerperal insanity was no exception.<sup>11</sup> One writer in 1850 noted that the 'free evacuation of the bowels' was in fact the first thing that should be dealt with in puerperal insanity cases, and that success in purging the patient of 'hardened and unnatural faeces' often brought about the end of her delirium.<sup>12</sup> Likewise, Reid observed that 'large evacuations' were often the first sign of recovery.<sup>13</sup> Indeed, much of the discussion surrounding the physical remedies employed in the Dundee asylum concerns the tactics employed to regulate the patients' bowel movements. On admission, Christian A's (D1838) bowels were noted as 'very costive and she is in some manner oppressed in consequence'. After two days, treatment had produced no effect, as Mackintosh noted, 'notwithstanding the last dose of calomel and jalap there is not yet a motion'. However, by the next day, she had been 'freely purged - looks

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<sup>9</sup> George Combe. *Testimonials on Behalf of George Combe, as a Candidate for the Chair of Logic in the University of Edinburgh*. Edinburgh: J. Anderson. 1836.

<sup>10</sup> (DUA) THB 7/8/9/21: 7.

<sup>11</sup> James Reid. 'On the Symptoms, Causes, and Treatment of Puerperal Insanity.' T.C. Savil, 1848: 29.

<sup>12</sup> 'Discipulus'. 'An Essay on Puerperal Insanity'. In *A Selection of Papers and Prize Essays on Subjects Connected with Insanity*. Read before the Society for Improving the Insane. London: Published by the Society, 1850: 80.

<sup>13</sup> Reid, 'On the Symptoms, Causes, and Treatment.': 29.

cleaner and better in consequence', and by the following week, she had been given 'lots of physic which have brought about most fetid stools'.<sup>14</sup> Calomel, or mercury chloride, also known as 'the blue pill', was extensively used as a purgative during this period, often 'injudiciously' so, according to Thomas Andrew's *Cyclopedia of Domestic Medicine and Surgery*, while jalap (the dried tubers of the jalap plant given in draught or powdered form) was 'a valuable purgative, which is perhaps more generally employed than any other of vegetable origin'.<sup>15</sup> Later, when Christian's bowels continued to be 'costive', she was given colocynth, another plant-based preparation, which Thomas Andrew described as a 'drastic purgative', in the form of pills.<sup>16</sup>

Having dealt with the bowels, the asylum physicians turned their attention to the menstrual cycle. The monitoring of menstruation, and its restoration if suppressed, is a recurrent theme in the Dundee case notes in the 1840 to 1860 period. Concern was often expressed if a woman left the asylum without menstruation being restored. Sophie F (D1854), aged 23, was still not menstruating after six months in the asylum, and 'it was at the request of the Patient's Husband, and not with the concurrence of the Medical Officers, that she [was] discharged before further attempts to re-establish this function had been made'.<sup>17</sup>

Generally, it was hoped that menstruation would re-establish itself as a result of rest and a nourishing diet. In the case of Christian A (D1838), however, Mackintosh reported that a technique called cupping had been employed to restore menstruation, with apparent success:

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<sup>14</sup> (DUA) THB 7/8/9/10: 104 - 105.

<sup>15</sup> Thomas Andrew. *A Cyclopedia of Domestic Medicine and Surgery*. Glasgow: Blackie and Son, 1847: 94: 302.

<sup>16</sup> *Ibid.*: 120. THB 7/8/9/10: 105.

<sup>17</sup> (DUA) THB 7/8/9/21: 225.

the cupping at once relieved the system and [did] great good. We have never failed in returning the Catamenia by these means ... In 3 days after cupping nature appeared. She is now well - but we could not say this had the menses been suppressed.<sup>18</sup>

This statement suggests that this technique was regularly employed in the Dundee asylum, though references to this and other means employed were generally less direct. Cupping involved making small wounds on the skin, using a ‘scarificator’, then drawing blood from these wounds by placing a heated glass over the wound creating a vacuum.<sup>19</sup> Samuel Ashwell’s 1843 treatise on diseases peculiar to women outlines a number of other treatments aimed at restoring menstruation, ranging from mustard hip baths, iodine tinctures and leeches applied to the vulva, to electric shocks to the uterus.<sup>20</sup> There is no suggestion that anything as drastic as electric shock treatments were in use at Dundee, but Mackintosh’s use of cupping and his comments did reflect his belief that sanity could not be fully restored if the woman was not restored to a regular menstrual cycle, underlining the perceived link between the reproductive system and mental illness. They also reflected his confidence in being able to restore menstruation through physical techniques.

This knowledge of the patients’ bowel movements and menstrual cycles necessarily came from examination of the women’s bodies as well as their minds. Detailed descriptions of the women’s bodily functions and attributes were included in the notes across both periods – in the 1840 – 1860 period, such details were usually worked in to the general descriptions of the women and could be especially detailed in the Dundee notes during this time. The women were exposed, particularly in the period immediately following their admission, to a degree of intimate observation in

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<sup>18</sup> (DUA) THB 7/8/9/10: 105.

<sup>19</sup> Andrew, *Cyclopedia*: 134 - 135.

<sup>20</sup> Samuel Ashwell. *A Practical Treatise on the Diseases Peculiar to Women*, Boston, T.R. Marvin, 1843: 112 - 26.

monitoring their physical health and bodily functions that must have been invasive and probably unwelcome.

There were, in addition, other physical techniques employed to regulate the women's bodies, including the use of catheters to drain off fluids, and the 'seton', a thread or tape inserted into the skin to induce a running sore, to 'produce inflammation and discharge'.<sup>21</sup> The seton was used in Mary B's (D1838) case, supposedly to her benefit - she was noted as being 'lucid - the seton is still in and running', and later she was 'decidedly better - the seton has done great good, although it totally failed in other cases - she has torn it out'.<sup>22</sup> Margaret R (D1849) had made little progress on a regime of rhubarb, quinine and morphia, and potassium iodide was administered until 'a feverish erudition or Iodism was induced - upon recovering her mental malady disappeared'.<sup>23</sup> These various techniques all operated under the principle of purging the system, forcing out toxins and restoring balance and cleanliness.

Purgatives, bleedings and intimate observation notwithstanding, the asylum treatment for puerperal insanity was generally restful and restorative, and gave poorer women the opportunity to receive nourishing food and a break from the effects of poverty. Mary B (D1838) was noted as having been treated for piles.<sup>24</sup> In the case of Euphemia Y (D1853), a pauper, 'iron, stimulants and nourishing diet were the chief agents in her treatment', while for Sophie F (D1854), a private patient, 'the treatment consisted of Iodide of Iron; Port Wine; increased quantities of nourishing food; exercise in the open air; and the nightly use of the Hip Bath'.<sup>25</sup> In line with the discipline of moral management, pauper women were expected to work at spinning, working in the

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<sup>21</sup> Andrew, *Cyclopedia*: 493.

<sup>22</sup> (DUA) THB 7/8/9/10: 100.

<sup>23</sup> (DUA) THB 7/8/9/21: 96.

<sup>24</sup> (DUA) THB 7/8/9/10: 99.

<sup>25</sup> (DUA) THB 7/8/9/21: 200; 225.

wash house, knitting, sewing or darning. More affluent women were able to escape the responsibilities and demands which came with running a middle-class household, and rather than work, participated in a number of diversions, such as reading, playing quoits or hand-ball, or carriage rides in the countryside, once sufficiently recovered.<sup>26</sup>

The treatment offered to the women later in the century had changed little since the earlier period, and for most women continued to consist mainly of rest and a nourishing diet. In many cases, there is no mention in the case notes of any other treatment.

Isabella A (D1903), a private patient, was noted as having been ‘allowed to remain in bed for about a fortnight’ after which she was moved to the Ladies Parlour in the North Ward when she felt better.<sup>27</sup> Mary Ann M (D1899) was put on a ‘liberal diet’ and began to improve steadily, ‘getting strong and stout’, although she was later given castor oil for an attack of gastric pain.<sup>28</sup> Stronger medication, where given, seems to have been with the purpose of subduing noisy or troublesome patients, and to induce sleep at night - the development of different forms of medication made little difference to their basic purpose of ‘calming’ the patient. Paraldehyde, a hypnotic and sedative, and Hyoscine Hydrobromide, were the most commonly used drugs. Janet C (D1895) was given paraldehyde by nasal tube on her first night in the asylum ‘as she was very noisy up to 12pm’. She continued to struggle violently, and was given hyoscine by hypodermic, after which she slept all night, and this medication was administered frequently thereafter, although she was noted as having ‘consistently refused all medicine.’<sup>29</sup> Maria C (M1892), was so violent and excited on admission that hyoscine was required to calm her down enough for her to be dressed, and she continued to

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<sup>26</sup> (DUA) THB 7/4/2/9, 25<sup>th</sup> Annual Report (1845): 4.

<sup>27</sup> (DUA) THB 7/8/9/46: 215.

<sup>28</sup> (DUA) THB 7/8/9/42: 480.

<sup>29</sup> *Ibid.*: 48.

receive twice daily doses.<sup>30</sup> Betsy Ann M (M1891) had been unable to sleep without the use of ‘hypnotics’, but responded well to paraldehyde and slept well on her first night in the asylum.<sup>31</sup> Most strong medication therefore seems to have been employed with the purpose of sedating or subduing the patient.

There were indications that a more invasive attitude to treatment was adopted when considered necessary, as in the cases of Betsy Ann M (M1891) and Maria C (M1892), both noted as having been fed through a stomach tube, though no mention is made of any refusal to eat.<sup>32</sup> The most extreme example of intervention however is the case of Joanna C (M1908), who was five months pregnant when she was admitted to Montrose Asylum.

Joanna C was noted as having become suddenly ‘very excited and unmanageable’, and once within the institution, she remained ‘excited, incoherent and restless’ - at one point she appeared to be ‘improving but ... [was] still confused and restless.’<sup>33</sup> Despite the fact that Joanna had not been adversely affected by two previous pregnancies, the decision was taken to induce labour two months before her pregnancy had come to full term. She was anaesthetised, and artificial labour induced by the insertion of instruments into the uterus, resulting in the delivery of ‘a seven months foetus, which lived three hours.’ The decision to terminate Joanna C’s pregnancy in order to alleviate her mental symptoms appears to suggest a harsh and physically interventionist approach to the women’s care. However, this is an extreme example which indicates the asylum’s priority with the health of the mother over the fate of the child, regardless of the effect that the loss of the child may have subsequently had on the mother.

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<sup>30</sup> (DUA) THB 23/5/2/10: 424 - 5.

<sup>31</sup> *Ibid.*: 114.

<sup>32</sup> *Ibid.*: 114; THB 23/5/2/10: 425.

<sup>33</sup> (DUA) THB 23/5/2/21: 213.

Following the procedure, Joanna continued 'quite demented' for some time, but within a few months had apparently fully recovered her senses and was discharged.<sup>34</sup>

There is little in the case notes as a whole about families' involvement in patient care and treatment once inside the asylum, but Joanna's case does suggest that there was some consultation. This highly invasive and presumably dangerous procedure was carried out if not at the instigation of her husband then clearly with his knowledge and consent, as indicated by his undated letter included in her notes:

I think it would be the best thing to do is to take the child from her for I think the sooner it is done the sooner she will be better hoping she will get through alright with it you might write and let me know how she is after it is over.<sup>35</sup>

It is impossible to say how much discussion there had been with Joanna's husband on the subject, nor how much he understood the implications of the procedure, though his letter suggests that he was either not aware of the likely outcome for the child or did not choose to face or consider it.

There was less emphasis in the case notes of both asylums later in the century of the need to restore menstruation, though its absence or regularity was noted alongside other vital processes in reports of the patients' physical health. In 1897, Thomas Clouston noted that the return of menstruation was 'a chief bodily symptom of the restoration of brain and body to their normal working', but recommended gentle means to restore menstruation, such as 'mild shower baths in the morning, hip baths with mustard, aloes

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<sup>34</sup> (DUA) THB 23/5/2/21: 215 - 216.

<sup>35</sup> *Ibid.*: 216: Undated letter from W.W----.

and iron pills, and borax at the time menstruation is expected'.<sup>36</sup> These treatments were certainly in use in the Montrose and Dundee asylums as part of general care.

In 1924, however, in a thesis written by medical officer Edward A. Wilson based on his experiments at Dundee Mental Hospital, as the Dundee asylum had become, with ovarian extract as a treatment for puerperal insanity, Wilson noted a continuing belief in the importance of re-establishing menstruation:

It is not good to be dogmatic in the laying down of rules in such a subject as the one before us, but it would seem that a most important point in the treatment of puerperal cases is the return of menstruation. One might formulate the rule: - Get the patient to menstruate and her mental recovery will assuredly follow.<sup>37</sup>

In Wilson's belief, the return of the menses was in the power of the physician through the use of ovarian extract - he had no doubt that this had caused the recovery of his patients, and his belief in this became even stronger two years after the close of his experiments, following 'two years' theorizing'.<sup>38</sup> He did however believe that a woman's awareness of the absence of menstruation could itself cause mental breakdown, and he acknowledged the interplay of physical and psychological factors.<sup>39</sup>

The detailed reading of the information recorded in these case notes allows us to conclude that the treatment of women at Montrose and Dundee did not differ greatly between the two asylums, within the constraints offered by the scope and content of the records. We can also see that the regime of care and treatment in these asylums was to

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<sup>36</sup> Thomas Clouston. *Clinical Lectures on Mental Diseases*, Philadelphia, New York, Lea Brothers and Co, 1897: 559.

<sup>37</sup> Edward A. Wilson. 'The Treatment of Puerperal Insanity by Ovarian Extract.' (unpublished MD thesis, University of Edinburgh, 1924): 25.

<sup>38</sup> Edward A. Wilson and T Christie. 'Puerperal Insanity: Cases Treated by Injection of Ovarian Extract (Whole Gland) from the Dundee Mental Hospital, Westgreen.' *British Medical Journal* 3, no. 3383 (1925): 798.

<sup>39</sup> Wilson, 'The Treatment of Puerperal Insanity': 25.



a great extent consistent with the practices of other asylums, especially evident in Hilary Marland's account of treatment at the Royal Edinburgh Asylum.<sup>40</sup> Marland noted that the physical health of the mother was prioritised on the patient's arrival at the asylum, depending on her physical ailments and general health, and that diet, rest, regularity in bodily functions, exercise and occupation were considered 'the cornerstones of treatment' at the Edinburgh asylum.<sup>41</sup> The majority often consisted of 'mild therapies', but more extreme measures were taken where it was considered necessary, and careful use was made of sedatives and opiates. Treatment at Edinburgh in the mid-nineteenth century was influenced by J. B. Tuke's view that puerperal insanity needed little medical intervention, though more extreme remedies were used in particular cases. Mackintosh's notes of the use of cupping, as well as blistering and the seton, in addition to rest and diet, represents a similar pattern. As at Dundee and Montrose, women were employed in activities such as laundry work, although 'better-off' patients were encouraged to occupy themselves with activities such as needlework and reading.<sup>42</sup>

Treatment for women suffering from puerperal insanity at the Dundee and Montrose institutions was, therefore, fundamentally based on rest, nourishment and occupation and originally founded in the principles of moral treatment. Treatment did not substantially change across the two research periods in these asylums, through it broadly speaking moved from leeches and cupping to more drug-based treatments, and was broadly consistent with treatment at other asylums such as at the Royal Edinburgh Asylum. The focus of treatment was to restore sanity through a disciplined regime, and to restore the physical health of the women, though some painful treatments were also employed, which are unlikely to have promoted any positive response. The women

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<sup>40</sup> Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004: 116 - 22.

<sup>41</sup> *Ibid.*: 117.

<sup>42</sup> *Ibid.*: 121.

were closely monitored and observed, to a level which for many women would have felt highly intrusive. The physicians were concerned with the health of the mother, to the extent that there is little or no mention of the health of her children, and in one case, it is evident that the life of an unborn child was not considered in the pursuit of progress in the case of the mother. Preoccupation with the return of menstruation as a fundamental part of treatment for insanity reflected a continued belief in the connection between a woman's sanity and her reproductive system, and also physicians' belief in the right and ability to control women's bodies. Women entering the asylum as puerperal insanity patients therefore were likely to experience a regime of care which in most cases restored physical health and allowed a break from their daily lives, although some women were submitted to invasive and painful physical treatments.

#### *Respectability and expectations*

Recovery was not simply a medical phenomenon but also a social one. The physicians diagnosed medical symptoms but also made judgements about the women's characters and background, founding their expectations on these assessments. Descriptions of the women's illnesses, natural characters and prognosis for recovery were influenced by their perceived class and position, as to be 'cured' meant to display features of respectability. Evidence of this was easier for doctors to identify in women with previously respectable characters, though 'good' character meant something slightly different for pauper patients than for private. An appraisal of the patient's habitual character and attributes therefore usually formed part of the physician's assessment of each case. Those in the mid-century case notes at Dundee were generally quite descriptive and detailed, with a variety of comments on patients' characters and dispositions and a strong emphasis on moral habits and intellectual capability. The style

of these assessments did not change significantly between the sloping scrawling hand associated with Alexander Mackintosh's term in office, from 1830 - 1848, and the neat, tidy hand of Thomas Wingett's notes between 1848 and 1859.

The positive descriptions display a subtle divide between the expectation of refined occupation and social graces in the private patients, and the steady and temperate habits expected from pauper patients. Among the private patients in Dundee at this time, Marjorie F (D1852) was noted as being 'a person of excellent moral and intellectual endowments', while Sophie F (D1854) was 'gentle and amiable' with 'a fondness for solitude, and her intellectual powers were good and well educated'.<sup>43</sup> Magdalene M (D1850) was noted as having been 'a cheerful and amiable person', and Janet S (D1841) was 'originally of good disposition and correct habits'.<sup>44</sup> Isabella S (D1851) was 'originally of a kind and cheerful disposition and average intelligence and disposition'.<sup>45</sup>

Marjorie W (D1848), a sack maker's wife, although admitted as a private patient, was admitted on her first admission at the lowest private rate, a group which was usually included in daily routines with the pauper patients. She was given a positive character summary:

Natural or original disposition very good. Intellect tolerably good. She had strong religious impressions. Habits of life cleanly, active, temperate. She kept her house so clean that it was said she made an idol of her house.<sup>46</sup>

This description, however, bears more similarity to those of pauper patients, with an emphasis on temperance, appropriate religious observance, and

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<sup>43</sup> (DUA) THB 7/8/9/21: 195; 223.

<sup>44</sup> *Ibid.*: 115; THB 7/8/9/22: 56.

<sup>45</sup> *Ibid.*: 144.

<sup>46</sup> *Ibid.*: 5.

cleanliness. Mrs Nicol M (D1854), a gamekeeper's wife, admitted as a pauper patient, was described as 'originally of a cheerful, happy disposition, of industrious, discreet and temperate habits, and of average intelligence'.<sup>47</sup> Jane S (D1847), also a pauper patient, was of 'habits cleanly. A tidy clever active housewife. Natural disposition good. Intellect ordinarily good'.<sup>48</sup>

The mid-century case notes at Montrose devoted less space to descriptions of the women or character assessments prior to their illnesses. However, some cases in this period, under John McGavin's leadership, do include brief character assessments. Ann M (M1846) was described as 'naturally of a haughty disposition and hasty temper'; similarly, Isabella G (M1846) was noted to be 'of ordinary stature [and] genteel appearance', although she was also considered to be 'naturally proud and discontented with her position in life'.<sup>49</sup> Elizabeth M (M1849) was regarded as 'naturally quiet and of good disposition'.<sup>50</sup> Between 1855 and 1857, during T.C. Morrison's term as Medical Superintendent, most character assessment was confined to level of education and usual demeanour – the women were described chiefly in terms of 'ordinary', 'refined', 'retired', 'reserved', 'temperate', 'regular', 'cleanly' or 'industrious habits', and of 'inferior', 'fair', 'moderate', 'very moderate' education. James Howden took over from John Gilchrist in November 1857, after which the notes become slightly fuller and more detailed but remained less concerned with describing the woman's character. What descriptions did appear across this period highlighted passive, tidy and industrious habits as normal and desirable for all patients.

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<sup>47</sup> (DUA) THB 7/8/9/22: 11.

<sup>48</sup> (DUA) THB 7/8/9/19: 65.

<sup>49</sup> (DUA) THB 23/5/1/3: 135; 145.

<sup>50</sup> (DUA) THB 23/5/1/4: 108.

These descriptions reflected the physicians' expectations of the patients, defining them within particular roles and as indicators of expected progress. However, while a subtle distinction between the expected characteristics of private and pauper cases can be traced in Dundee, difference between the classes across the asylum population, as noted in Chapter One, was not wide, with most private patients admitted at the lower end of the scale of admission fees. The status of patients within the asylum was also more dependent on the person paying their fees, who could be a family member, employer or other form of guarantor, and could rise or fall during their stay in the asylum. Assessments made by officials on the basis of class or status, therefore, would seem to have rather a false basis, and had more to do with the aspirations of the asylum officials to create a divide which represented the institution as one with a private clientele, constructing the patient in this way for the purposes of self-enhancement on the part of the doctors.

Throughout, however, the feminine qualities of the patients' former dispositions - amiability, cheerfulness and passivity, proper religious observance, an industrious nature - were held up as positive and central attributes, and regaining them was seen as an indicator of recovery. Evidence of aggression, assertion, overly independent spirit, and overtly sexual behaviour could be manifestations of illness, but a patient's recovery and rehabilitation could also be seen in relation to their continuing moral habits and behaviour. Patients who continued to demonstrate low morals and deviant behaviour, despite the asylum's care and treatment, were viewed as unlikely to be fully cured.

Helen L (D1833) was reportedly always 'consider[ed] a fool' and her notes laid particular stress on the fact that she had given birth to an illegitimate child. She was regarded as 'lascivious in her looks, manner and conversation' and despite making good

progress in the asylum, ‘her bad disposition is always apparent – if she sees as man she winks, leers, laughs and even touches him with the most improper feelings’. Despite being discharged as cured, it was noted that she had been ‘cured up to a point and no further’.<sup>51</sup> Janet L (M1857), described as being a prostitute, was described as ‘silly from birth, ignorant, degraded, passionate and furious from youth upwards’. Aged only 20 on admission to the Montrose asylum, she was ‘single and has had several children - youngest two weeks’.<sup>52</sup> Her notes are among the briefest recorded, as if little more needed to be known.

Having illegitimate children, however, did not necessarily destroy good character. Some sympathy was extended to unmarried mothers who had been badly treated. Christian A (D1838), an unmarried house servant, had been ‘seduced by a villain with the promise of marriage’, a promise he never fulfilled. The superintendent noted also that she had been ‘badly treated in her mother and step-father’s house’. In the asylum, Christian was distressed and tearful whenever the subject was mentioned and was ‘reluctant to return to the scene of her shame’. On her discharge, Mackintosh expressed some concern at her future prospects, and he noted that ‘it is a pity that [her seducer] lives so near her mother’s house’.<sup>53</sup> Mary L (D1853) had been on the point of giving birth in a cart-shed when she was discovered by her father who promptly assaulted her and the midwife who had come to her assistance - he later appeared before the Sherriff Court charged with the assaults. Mary had, however, been taken to the asylum where her ‘incoherent talking about the birth of her child and her supposed marriage’ were

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<sup>51</sup> (DUA) THB 7/8/9/3: 689 - 90.

<sup>52</sup> (DUA) THB 23/5/1/5: 30.

<sup>53</sup> (DUA) THB 7/8/9/10: 106.

dismissed as ravings. Dr Wingett, and the local public, were duly horrified at the ‘cruel treatment’ she had received, and Wingett viewed her case kindly.<sup>54</sup>

Attitudes to unmarried mothers and illegitimate children seem to have changed little in either asylum by the end of the century. Jane M (D1893) had given birth to a child in Dundee’s East Poorhouse. She was admitted to the asylum when her behaviour became violent and threatening, and she began to think everybody was ‘against her’. Miss Gray, a nurse from the poorhouse, could give little information about her family, but noted that she paid little attention to her child, then a few weeks old. Jane, a jute preparer, had apparently given up working two or three years previously, ‘being badly’ at that time, meaning, on the birth of a previous child, and had since then been living in the poorhouse.<sup>55</sup> Described as a ‘small, undersized, silly looking young woman’, Jane’s lack of remorse and acceptance of her situation seems to have underlined her loose morals and ‘weakness of intellect.’<sup>56</sup> She was unconcerned about being either in the asylum or in the poorhouse and showed no concern for her child’s welfare - the asylum official noted, ‘her natural maternal affection is perverted’. Her mental state was regarded as intrinsically linked with her low moral standards:

Judging from the physical appearance of the patient she does not appear ever to have been of strong mind. Add to that the fact that she has had two illegitimate children to different fathers, and in all probability, has been of dissolute habits, and further that she shows evidence of having a violent impulsive nature, and we have, at her period of life, causes sufficient to account for her present mental condition.<sup>57</sup>

Given that the asylum official knew little about Jane’s history or family background, this appraisal of Jane’s character and condition is drawn purely from limited

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<sup>54</sup> (DUA) THB 7/8/9/22: 225; ‘Revolting Charge of Assault by a Man on his own Daughter’. *Dundee Courier* 22 June 1859: 3.

<sup>55</sup> (DUA) THB 7/8/9/39: 53 - 54.

<sup>56</sup> *Ibid.*: 54.

<sup>57</sup> *Ibid.*: 55.

information about the sexual history, evidenced by her illegitimate children, and her supposedly violent nature. She was considered to be not wholly without morals, however, as she expressed a wish to ‘punish the man who had wronged her’, although the inspector was unsure whether this was motivated by a ‘natural feeling of lost purity’ or ‘mere vindictiveness’.<sup>58</sup> She was returned to the poorhouse in 1898, ‘improved’.<sup>59</sup>

Alice C (D1901), had just given birth to her third illegitimate child when she was admitted to the Dundee asylum. She was noted as being ‘peculiar in her manner’ and believed that people were putting poison in her food, and these limited facts justified her diagnosis of ‘monomania (suspicion)’ caused by sexual intemperance and childbirth.<sup>60</sup> Her attitude to her children was not noted, but her older son and daughter seem to have been healthy and were being looked after by her mother and a relative at home. Alice insisted that she had plenty of money and did not need to work, a claim denied by her mother. She was, however, quiet and cleanly in her habits and, apart from the occasional fit of bad temper, caused no trouble in the asylum.

Eliza I (M1891), from Shetland, had ‘the reputation of having been an excellent servant and hard-working woman until the birth of her illegitimate child’, after which she was ‘a changed woman’. She left her work and started to lead ‘a shiftless, aimless, wandering life, continually changing from place to place ... with no regular place of abode’.<sup>61</sup> The physician conceded that there had been ‘no one to look after her in Lerwick’, her father and brother having been lost at sea and her remaining family in service in London, but she was nevertheless described as ‘lazy, obstinate and ill natured’. She was moreover ‘covered in vermin’ and dressed in ragged clothing,

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<sup>58</sup> (DUA) THB 7/8/9/39: 55.

<sup>59</sup> *Ibid.*: 56.

<sup>60</sup> (DUA) THB 7/8/9/44: 317.

<sup>61</sup> (DUA) THB 23/5/2/10: 121.



prompting the comment that it was obvious ‘from her degraded state ... that she must have been leading an irregular life quite regardless of ordinary comfort and decency.’<sup>62</sup>

Women who attempted to remain self-sufficient in the face of adversity also received a less than sympathetic response. Jessie G (M1896) had been for many years a mill worker in Brechin but fell pregnant to an engine driver. On losing her job in the mill, she managed to find employment in Arbroath and continued to work until a few days before her admission to the asylum, after showing ‘signs of derangement’ and becoming ‘restless and excitable’. She was described as being ‘flippant and frivolous’, and it was noted that ‘she knows where she is but does not realise her position in the least’. Despite her previous record as a hard-working woman, she was regarded in the asylum as being ‘a lazy, discontented creature’ with ‘delusions of grandeur’.<sup>63</sup>

Jane C (M1896), had lived in South Africa for two years, living with an aunt near Johannesburg, and had been engaged in domestic service. On falling pregnant, she returned to her home town of Arbroath, and gave birth to a stillborn child. She was initially ‘moody and depressed’ and was brought to the asylum when her friends felt she had demonstrated ‘suicidal intent’. In the asylum, she was described as ‘excited and erotic ... very mischievous and troublesome’, dirty in her habits and inclined to expose herself. Her condition had not improved by the time she was discharged by minute of parish council in 1899.<sup>64</sup>

The lack of sympathy for these unmarried mothers was not simply due to their marital status, as, again, some unmarried women were treated sympathetically.

Georgina G (D1894) was admitted as a private patient suffering from ‘puerperal mania’.

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<sup>62</sup> (DUA) THB 23/5/2/10: 122.

<sup>63</sup> (DUA) THB 23/5/2/12: 347.

<sup>64</sup> (DUA) THB 23/5/2/10: 555 - 557.

She was noted as already having had one child, who was living with her father in Newburgh, though she herself lived in her employer's house. Georgina had been 'put into lodgings' in Dundee and a nurse engaged to attend her during her confinement, presumably at her employer's expense. The baby had presented in a breech position and Georgina's long and difficult labour had resulted in the birth of a stillborn child. Georgina was brought to the asylum, and her fees paid by her employer, who was also noted as being the father of her stillborn child. Around five days after the birth, Georgina became violent and unmanageable, and when the nurse felt unable to cope, Georgina's employer 'acted as nurse', before finally seeking a 'lunatic certificate' and admitting her to the asylum. Georgina died from peritonitis a week later. Despite the apparently unconventional nature of Georgina's familial arrangements, her moral character does not seem to have been called into question and no comments were made about the parentage of either child.<sup>65</sup> Georgina's moral character seems to have been saved by the semblance of a stable relationship, or perhaps by the borrowed respectability and the financial power of the man who was supporting her.

Those women perceived as having been willing to accept the role of wife and mother only to have that taken away from them seem likewise to have been extended greater sympathy. Mary K (D1898), an unmarried domestic servant from Broughty Ferry, was described as a 'lightly built young woman with dark hair and childish features', who was 'cheerful and naturally shy'. She had been 'seduced and deserted by a man who promised to marry her' and 'the pregnancy and desertion ... preyed on her mind'.<sup>66</sup> Mary M (D1902) was engaged to a young man, and the relationship was known and approved of by her parents. On one occasion, after he had walked her home from work,

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<sup>65</sup> (DUA) THB 7/8/9/39: 433 - 436.

<sup>66</sup> (DUA) THB 7/8/9/42: 210; 212.

the man ‘stayed all night’ with Mary. After her child was born, ‘her sweetheart would have nothing more to do with her, absolutely refusing to marry her’, after which she began to display ‘symptoms of puerperal mania’.<sup>67</sup> Amelia M (M1897) had travelled to America with some of her fellow millworkers, and on the return voyage ‘had slept with her sweetheart for the only time’. During her pregnancy, she became ‘peculiar in her ways, very quiet and reserved’ and following the birth of her child, had ‘the appearance of puerperal insanity’.<sup>68</sup> Accounts such as these present the women as childlike victims of those they had intended to marry, and their moral character was not implicated negatively in their mental condition. Such interpretations had significant consequences in the cases of unmarried women who murdered their babies and infants, which will be examined in detail in Chapter Five.

Single women who displayed humility and proper affection for their children and family also tended to receive more favourable accounts in the asylum case notes. Betsy Ann M (M1891), continually expressed her regret for being ‘such an encumbrance on her friends’, and feared that she had done them great harm and caused them inconvenience.<sup>69</sup> She expressed ‘a natural affection for her aunt’, who had brought her up, and for her baby.<sup>70</sup> Jessie W (M1893) was admitted to the asylum suffering from ‘puerperal mania’ following the birth of her second illegitimate child, but was noted as having been a ‘hardworking woman all her days, assisting her father who is a fisherman’.<sup>71</sup> Barbara W (M1893), although at times a ‘troublesome epileptic’, was at most times ‘well-behaved’ and ‘a fair worker’, and was praised for doing ‘a good deal of work’ within a month of her arrival in the asylum. Despite having given birth to

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<sup>67</sup> (DUA) THB 7/8/9/44: 261.

<sup>68</sup> (DUA) THB 23/5/2/13: 129; 130.

<sup>69</sup> (DUA) THB 23/5/2/10: 113.

<sup>70</sup> *Ibid.*: 411.

<sup>71</sup> (DUA) THB 23/5/2/11: 205.

illegitimate children, these women nevertheless exhibited the properties looked for in sane, respectable women, and this was regarded as positive for their prospects in regaining their reason and senses.

Private and pauper patients were interpreted in subtly different ways by the asylum physicians, which in turn governed the ways in which their cure and progress were observed and predicted. The classes of patients at these asylums were not, however, diverse and distinctions between patients were drawn according to ability to pay rather than real differences in social class. Physicians therefore guided their patients towards a form of respectability considered appropriate to their level of board, but also expected lower class women to conform to a framework of ideals dictated by their own ideas of respectability. More positive outcomes were expected for women whose natural characters were gentle and refined, or industrious and temperate, and women who conformed to these ideals were good candidates for recovery. Women who continued to display immoral and undesirable attributes were less likely to be considered fully cured. These expectations and restrictions governed each woman's personal experience of the asylum and her ultimately her likelihood of an effective recovery.

#### *Readmission, retention and release*

As shown in Chapter Two, most women highlighted in this research were admitted only once to the asylum, and for a relatively short length of time (usually less than six months), but some women would find themselves admitted to the asylum on many occasions, and some would never leave. Decisions about the retention or release of patients were not simply made on medical grounds, nor were they always based on the health of the patients. While the families of private patients were able to exercise some power in such decisions, those of pauper patients were dependent on the willingness of

the authorities to continuing to pay for asylum care. This could result in women moving between asylums, or transferred to other institutions, for purely financial reasons.

Magdalene M (D1850) was first admitted to the Dundee asylum suffering from puerperal mania following the birth of her third child and her first stay lasted just seven weeks. Five years later, having had two more children, she was again admitted to the asylum, again suffering from the effects of childbirth. On this occasion, she was discharged 'cured' after eight months, but was re-admitted five months later. Mackintosh noted then that she was suffering from 'a form of chronic mania coming in paroxysms, during which she is excited, querulous, abusive, suspicious'. She was occasionally violent and assaulted other patients. Magdalene then became one of the asylum's long-term patients, and her final stay lasted thirty-nine years. She died in the asylum from heart failure at the age of seventy-five.<sup>72</sup> At mid-century Dundee, long term patients were almost all private patients, whose families were prepared to continue to pay asylum fees for the long duration of their treatment. Magdalene was in fact joined in the asylum by her sister-in-law, Ann C (D1858), whose condition was also attributed to childbirth, and while Ann was only admitted to the asylum once, she remained there for 34 years and died shortly before Magdalene in 1892.<sup>73</sup> While Magdalene continued restless and occasionally violent, Ann seems to have been considered merely 'weak-minded'. The two women's continuing residence in the asylum seems to suggest that the families of these women had felt that the solution that had seemed fitting for one wife had seemed a suitable solution for another.

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<sup>72</sup> (DUA) THB 7/8/3/1.

<sup>73</sup> *Ibid.*

Later in the century, the case of Mary W (D1898) provides an unusually explicit example of a family's involvement in keeping a patient within the asylum. A resident of Glasgow, Mary had spent five years in Glasgow Royal Lunatic Asylum at Gartnavel. Described as being an 'elderly woman' of fifty-nine at the time of her admission, her condition was entered in the asylum register as being due to 'puerperal fever', and her case notes state that she had been insane for 'more or less twenty years' owing to puerperal causes. The diagnosis as written in her Dundee case notes was 'melancholia, delusional', further complicated by hereditary disposition and a 'drug habit'.<sup>74</sup> Mary's illness therefore seems to have had a number of different explanations assigned to it, and the choice of 'puerperal fever' in the establishment register may have indicated the less stigmatic associations of the condition over those of a 'drug habit'. The use of the term 'puerperal fever' rather than 'puerperal mania' is odd, as it is mania that is implied, not an infection connected with childbirth (which would have been understood by 1898 and would patently not be the cause in Mary's case anyway). Mary did indeed seem to have been suffering from delusions. The primary manifestation of her illness seems to have been delusions about being poisoned, and she had a particular distrust of doctors and anyone associated with the profession - she believed that they were 'in league for the purposes of poisoning people' and that they had 'impregnated her linen' with arsenic.<sup>75</sup> The somewhat confused range of diagnoses, however, seems to reflect her family's eagerness to secure asylum admission.

Within the asylum, Mary W seems to have settled down, maintaining a 'consciousness at standard level' though affecting a 'maudlin expression' and appealing for medication (she had admitted her 'occasional' use of chlorodyne), pleading for 'fifty

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<sup>74</sup> (DUA) THB 7/8/3/8; THB 7/8/9/42: 345.

<sup>75</sup> (DUA) THB 7/8/9/42: 345.

drops and I'll not need or ask any more'.<sup>76</sup> She repeatedly talked bitterly of her daughters' attempts to 'rule the house' and to turn her out of her home.<sup>77</sup> In 1903, Mary was still in the asylum, despite having made no reference to her delusions of poisoning nor requesting medicine for five years, having 'been practically sane during this period'.<sup>78</sup> She had expressed a wish to go home, and her daughters were contacted but, 'although writing the most affectionate letters to their mother, they absolutely refused to receive her.' This response was followed up with a communication from a firm of solicitors in Glasgow, who reinforced Mary's daughters' refusal to have their mother home. On behalf of one of the daughters, a Mr John Erskine wrote that, although they would be delighted to have their mother home if she was sane, they did not believe that this was the case:

There is no evidence that she has recovered her calm and proper mind while a recent letter to her daughter [... ] supplies evidence to the contrary. In that letter, she says she was placed in the Asylum by a "madman", her late husband, and that she would not return to the house if her eldest daughter were living in it. I suppose these statements are not by themselves evidence of insanity but they are so regarded by the whole family.<sup>79</sup>

Mary's case notes suggest that there was an extensive dialogue between the family and the asylum which was a mixture of 'affectionate letters' and official correspondence, indicating that the family went to some lengths to ensure that Mary would not be returned home. Despite the asylum's opinion that she had recovered, the family were adamant in their refusal to bring her home. The consequence of this dispute was that Mary was admitted as a voluntary boarder to the asylum on 22 December 1903 - officially 'discharged, recovered', she remained in the asylum on the

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<sup>76</sup> *Ibid.*: 347.

<sup>77</sup> (DUA) THB 7/8/9/42: 347.

<sup>78</sup> *Ibid.*: 576.

<sup>79</sup> *Ibid.*: 345: Letter from Mr John Erskine, of Dixon, Erskine and McLelland, Writers, 179 West George Street, Glasgow, 14 December 1903, to the Asylum.

‘sanction of the general Board of Lunacy’.<sup>80</sup> Mary would remain in the asylum under this special voluntary status until her death from organic brain disease in 1915.<sup>81</sup>

Voluntary admissions to lunatic asylums were unusual, and in his medical report for the year prior to June 1904, medical superintendent William Tuach noted only ‘one lady resident as a Voluntary Boarder’.<sup>82</sup> In a previous report, in 1900, James Rorie had noted the presence of one lady as a voluntary boarder, joined later in the year by another lady to Gray House, the accommodation for private patients, commenting that such patients remained in the asylum ‘with the permission and approval of the general Lunacy Board’ but were not ‘regarded as Insane Persons under the Statutes’.<sup>83</sup> In Mary’s case, the idea of mental disorder linked with childbirth seems to have been stretched to allow the family to find a solution to the problem of dealing long term with a difficult family member, an interpretation which could also apply to the long term cases of Magdalene and Ann, who both died shortly before Mary W’s admission to the asylum.

Such cases remain however the exceptions, and most puerperal mania cases were short term, though often recurrent. A history of previous attacks could be seen as a predisposing factor in subsequent illnesses, and women could find themselves back in the asylum as soon as their behaviour began to cause alarm to family and friends. Similarly, an admission linked to puerperal mania could equally well follow or be followed by admissions attributed to other causes. Repeated admissions were more common at the Dundee asylum, and occurred among private and pauper patients, with some patients being admitted in different classes between admissions. Helen L (D1833)

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<sup>80</sup> (DUA) THB 7/8/9/42: 576.

<sup>81</sup> (DUA) THB 7/8/3/9.

<sup>82</sup> (DUA) THB 7/4/1/9 84<sup>th</sup> Annual Report (1904): 25.

<sup>83</sup> (DUA) THB 7/4/1/9: 80<sup>th</sup> Annual Report (1900): 21.



was admitted to the Dundee asylum on three occasions, in 1833, 1841 and 1851. Her first and her last admission were connected to childbirth, and she was one of the earliest patients to be noted as having puerperal mania, while her second admission was due to predisposition from a previous attack. Her three admissions spanned her changing marital status, as she was unmarried on her first admission, and none lasted longer than a year. Janet B (D1846) had two short stays in the Dundee asylum in 1846, each of only a few months duration, and was admitted as a pauper, but returned to the asylum as a widow in 1879, and on this occasion her family was able to pay the lowest private rate of board.<sup>84</sup> Janet C (D1895) likewise was admitted three times and was on the first occasion suffering from ‘mania, puerperal’. Her second admission in 1897, when she again became ‘irritable and discontented with her home,’ was termed as ‘mania, acute’, while her third admission in 1901 was again related to puerperal causes.<sup>85</sup> Janet’s admissions lasted a few months each.<sup>86</sup>

Married life almost inevitably meant further pregnancies, which were likely to lead to subsequent attacks linked to childbirth and diagnosed as puerperal mania or insanity related to the puerperal state. Janet C’s (D1895) notes from her second admission give an account of her obstetric history. She had been confined five times, the first two pregnancies resulting in stillbirths, then she lost her third child to ‘some child complaint’.<sup>87</sup> Two children were still alive when she was admitted to the asylum for the second time, and she went on to have at least one further child, whose birth resulted in her third and final admission to the asylum. She seems to have benefited from her stays in the asylum, and her health improved. She was noted as being poorly nourished on her second admission but, by the time she was discharged, had become ‘very fat’ and

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<sup>84</sup> (DUA) THB 7/8/3/1; THB 7/8/3/3.

<sup>85</sup> (DUA) THB 7/8/9/42: 46.

<sup>86</sup> *Ibid.*: 56.

<sup>87</sup> *Ibid.*: 46.

was enjoying working in the hospital ward and in the laundry.<sup>88</sup> Nevertheless, she died a few years after her third stay in the asylum, from mitral stenosis and bronchitis, at the age of 49.<sup>89</sup>

Betsy T (D1898) was admitted to Dundee asylum after the birth and death of her fifth child. It was noted that she had had two children within 18 months, and that she had lost another of her children, 'a little boy', the previous year.<sup>90</sup> She was transferred to Fife and Kinross Asylum and, although released from there later the same year, she would be readmitted on four subsequent occasions, suffering from melancholia or religious anxiety. Despite Betsy's many pregnancies, her admission to Dundee Asylum in 1898 was her first and only admission directly associated with childbirth. Elizabeth R (M1888) returned to the Montrose asylum in 1890 two years after her admission for 'puerperal mania', this time having become 'acutely excited and unmanageable' in the seventh month of another pregnancy. She was in a very poor state of health, with a suppurating abscess on her breast, and she continued noisy, incoherent and violent while in the asylum. The physicians were able to detect a foetal heartbeat on her admission, but her baby was stillborn a few days later, an event closely followed by the death of his mother.<sup>91</sup>

Like Betsy T (D1898), patients could be transferred to any of the district asylums but transfers between the asylums at Dundee and Montrose were very common, and admissions to either asylum were largely at the discretion of parochial officials, who would opt for the more convenient or cost-effective option at the time. Patients could

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<sup>88</sup> (DUA) THB 7/8/9/42: 56.

<sup>89</sup> National Records of Scotland (NRS) Statutory registers, index. Deaths in the District of St Andrew, Dundee, 1908, K---- or C----, Janet, aged 49: 282/4, 434. <<https://scotlandsppeople.gov.uk>> [Accessed 11/3/2018]

<sup>90</sup> (DUA) THB 7/8/9/42: 306.

<sup>91</sup> (DUA) THB 23/5/2/9: 537.

therefore have a history of admissions to both the Montrose and Dundee asylums. Jane R (D1844/M1857) was admitted on three occasions to the Dundee asylum, in 1844, 1846 and 1848. Her first admission was on account of the effects of lactation, while her second two admissions were attributed to predisposition from the previous attacks, though she had had a further child between the first two admissions.<sup>92</sup> Ten years after being admitted to Dundee for a third time, she was transferred to the Montrose asylum, and died there three years later.<sup>93</sup> Jessie D (M1899/D1901), living at an address in Dundee, was admitted to Montrose asylum, chargeable to Dundee Combination, and after six months there, was ‘discharged, relieved, by minute of Dundee Parish Council’.<sup>94</sup> She lasted only a few days at home, and spent a further four months in Montrose Asylum before being discharged again, this time at the request of her husband.<sup>95</sup> The following year, by which time Jessie’s address was given as Newport in Fife, she was admitted to the Dundee asylum, where she would remain for 16 months. She was discharged again, by minute of the parish council, this time ‘not improved’, but had no subsequent admissions to either asylum.<sup>96</sup> Pauper patients at the Dundee asylum whose conditions did not improve were often removed, ‘relieved’ but not recovered, to the Lunatic Ward of the Dundee East Poorhouse. Mary L (D1853) was dispatched to the lunatic ward when her condition had not improved after seven years.<sup>97</sup> Agnes T and Jane M (D1893) were both removed there having spent four and five years respectively in the Dundee asylum.

Families and friends, however, often requested the removal of patients from the asylum, not always with the approval of medical superintendents and physicians. Ann

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<sup>92</sup> (DUA) THB 7/8/3/1; THB 7/8/3/3.

<sup>93</sup> (DUA) THB 23/5/1/7: 96.

<sup>94</sup> (DUA) THB 23/5/2/14: 397; 399.

<sup>95</sup> (DUA) THB 23/5/2/16: 595; 598.

<sup>96</sup> (DUA) THB 7/8/3/9: No. 6373.

<sup>97</sup> (DUA) THB 7/8/9/22: 225.

M (M1846) was removed as ‘convalescent’ at the request of her husband who, it was noted, ‘having seen her last night, made up his mind to give her a trial at home’.<sup>98</sup> Mrs Robert C (D1854) was noted as having been removed by her husband ‘against the wishes of the medical superintendent’.<sup>99</sup> In some cases, the superintendent’s misgivings proved well-founded. Jemima K (D1901) was removed from the asylum by her husband ‘contrary to advice and taken to country’, though the superintendent took the precaution of leaving her name on the asylum register as a patient. She was returned to the asylum within a few weeks having been ‘very unmanageable while away’. A few months later, Jemima was again released, this time into the care of her mother in Aberdeen and was removed from the registers one month after that, although no further word had been received from her husband.<sup>100</sup> Betsy Ann M (M1891), an unmarried millworker from Montrose, was removed from the asylum by her aunt and by some of her friends, ‘in opposition to the advice of the medical officers’. Despite initially getting on ‘well enough’ at home, she was back in the asylum within a month.<sup>101</sup> Clementine S (M1892) was likewise noted as having been removed prematurely on the intervention of ‘friends’ and returned to the asylum within a few days.<sup>102</sup>

In other cases, however, families reported back on the patient’s apparently successful progress. Following Jane R’s (D1844/M1857) discharge from Dundee in 1844, the superintendent was able to note, ‘She is doing well. Husband says she is cured’.<sup>103</sup> Janet D (D1845) returned to visit the asylum a year after her discharge, to show the patients her child and at the same time to reassure the superintendent that

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<sup>98</sup> (DUA) THB 23/5/1/3: 135.

<sup>99</sup> (DUA) THB 7/8/9/22.

<sup>100</sup> (DUA) THB 7/8/9/44: 256.

<sup>101</sup> (DUA) THB 23/5/2/10: 411.

<sup>102</sup> *Ibid.*: 443.

<sup>103</sup> (DUA) THB 7/8/9/16: 154

she was quite well.<sup>104</sup> Elizabeth I (D1894) was allowed out on trial ‘at the earnest desire of [her] husband’ and, after a period at home with the family proved ‘satisfactory’, she was removed from the asylum register.<sup>105</sup>

Janet S (D1841) had herself pleaded to be allowed home on her second admission to the asylum in 1855, and her husband sent a letter to the asylum following her discharge:

I am happy to inform you that my wife is calm and quiet and has taken her meals pretty well and we think we can manage her quite well you may if you please remove her from your list of patients. I am greatly obliged to you and Mrs Wingett for your kindness through the Goodness of God she is so far recovered.<sup>106</sup>

Janet’s husband’s letter suggest that she was far from cured, but that he and his family were prepared to cope with her at home rather than leave her in the asylum.

Not all women returned home immediately to their families, and women were sometimes lodged with relatives rather than returning to the marital home. Jemima

K (D1901) was sent to stay with her mother.<sup>107</sup> After her first stay in the asylum

Mary R (D1890) was sent to her sister-in-law in Broughty Ferry, in order to be ‘apart

from her husband’.<sup>108</sup> Mary M (M1895) was ‘removed by her husband and placed

under the care of her parents’, although the reason for her removal, ‘relieved’ but not

‘improved’ or ‘cured’, or the decision on the locus of care is not given.<sup>109</sup> Whether

these decisions were made as a result of a recommendation from the asylum is not clear.

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<sup>104</sup> (DUA) THB 7/8/9/19: 89.

<sup>105</sup> (DUA) THB 7/8/9/39: 448.

<sup>106</sup> (DUA) THB 7/8/9/22: Letter to Thomas Wingett from Henry S----, dated 26 December 1855.

<sup>107</sup> (DUA) THB 7/8/9/44: 256.

<sup>108</sup> (DUA) THB 7/8/9/35: 276.

<sup>109</sup> (DUA) THB 23/5/2/12: 220.

While the majority of puerperal insanity sufferers who were admitted to the Dundee and Montrose asylums stayed there only once and left the asylum within a few months of admission, some women would be admitted again, either as the result of mental illness following repeated pregnancies, or to attacks of insanity due to other circumstances. Their previous admissions meant they were regarded as predisposed to insanity, or indeed they suffered from long term mental health conditions. In some cases, however, patients remained in the asylum for many years, having failed to recover from their symptoms, or because the lack of alternative care made this a convenient option for families who could afford to pay.

Patients whose board was paid for by the parochial authorities had little choice but to comply with their decisions, and such patients could be removed even against the wishes of the asylum physicians, to institutions where they could be accommodated at a cheaper rate. Families and friends often requested the discharge of their relatives and were prepared to look after them at home, not always with successful results. Women did not always return directly home to their families on leaving the asylum and, while this may have been suggested by the physicians, such decisions reflect attempts to care for women away from the family home before admission.

### *Summary*

The intention of the Montrose and Dundee asylum officials, at the outset at least, was to cure and restore the patients to normality and reason. Women who were considered to be suffering from puerperal insanity, once admitted to the asylums at Dundee and Montrose, experienced a treatment regime founded on the principles of moral treatment, which largely meant nourishing food and tonics to build up strength, medication to

regulate bowels and promote sleep, and a disciplined environment intended to restore reason and respectability. In many cases, this resulted in the treatment of physical health problems, to the benefit of the women's overall physical and mental health. The women were undoubtedly subjected to routine physical examinations and close monitoring of their bodily functions and menstrual cycles, carried out in the belief that regulation of bodily functions would restore sanity. Overall, however, the outcome of asylum admission was for most women a return to health, although for some this was temporary, and both the asylums in this study offered a positive contribution to healthcare and to the women's well-being.

Examination of these records suggests that, within the asylum, the judgements of the asylum officials were open to bias and prejudice driven by their preconceptions about the women's values and morals and influenced by organisational aspirations. The women's moral habits and characters were as open to examination and judgement as their bodies. This is significant because the display of appropriate and respectable behaviour was seen as a means of measuring recovery.

The asylum experience could be short-lived and reasonably positive, lasting only a few months and resulting in a reunion with their family, though some women would return due to further episodes of mental illness, often connected with childbirth. Repeated admissions were reasonably common, though for poorer women, patterns of admission, transfers and discharge were governed by the economic decisions of the parish and parochial boards. For some, the asylum was merely one of a number of institutions through which they were passed. For some women, the asylum became their home and their lives; for some families, this was an acceptable solution to the problem. In sum, however, most of the women in this study experienced puerperal

insanity, and admission to the Montrose and Dundee asylums, as a temporary occurrence which happened only once, and from which they could recover and regain control over their lives. This suggests that women were usually able to access medical treatment for puerperal insanity on a short-term basis, although some circumstances led to repeated admissions and lengthy stays in the asylum.





## Chapter Five

### Child murder and insanity: Judgement, custody and care

#### *Introduction*

In March 1841, Catherine S (C1841), a young unmarried millworker from Dundee, threw her seven-week-old baby into water near the city's harbour. She appeared before the High Court of Justiciary on circuit at Perth the following month charged with murder. Local press reports suggest that the general public seemed to have had little doubt as to her reasons for the crime. Having fallen pregnant by the mill foreman, who refused to give Catherine any financial assistance and denied being the father of the child, the birth of her daughter had left her with few prospects. Although some witnesses considered her to be 'of sound mind', others noted that the child's father 'seemed to have great influence over her'. She was found guilty of murder and, despite the jury's recommendation for mercy, the presiding judges Lord MacKenzie and Lord Medwyn pronounced the death sentence.<sup>1</sup> Catherine's sentence was later commuted to transportation for life, and in November 1841 she set sail on the *Emma Eugenia*, bound for Van Diemen's Land (now Tasmania), Australia.<sup>2</sup> Unlike the majority of the 190 female convicts who travelled with her, Catherine's convict record when she arrived in Australia was 'almost unblemished'.<sup>3</sup> Despite the harshness of her sentence, and the severity of her crime, Catherine appeared to stand out from the other deportees, as somehow less criminal.

Just over 30 years later, in 1875, Helen R (C1875), whose story was outlined in the Preface to this thesis, stood trial at the High Court of Justiciary in Edinburgh, also

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<sup>1</sup> 'High Court of Justiciary' (Item 38). *Dundee Warder*, 4 May 1841: 4.

<sup>2</sup> 'Catherine S---', *Dundee Warder*, 18 May 1841: 3.

<sup>3</sup> Malcolm Prentis. *The Scots in Australia*. University of New South Wales Press, 2008: 45.

charged with murder, having cut the throats of her two youngest children with a razor. In this case, it was considered that Helen had committed the murders ‘whilst suffering under a sudden and acute attack of melancholia (probably the result of lactation and hereditary disposition)’, and a local doctor offered his opinion that her actions were due to ‘puerperal mania’.<sup>4</sup> From June 1875, Helen was detained for an indefinite period in the Criminal Lunatic Department at Perth General Prison, but was ‘liberated into the care of her husband’ in July 1880. She was returned to the prison the following year following another episode of insanity, seemingly unconnected to childbirth. Released again in 1886, Helen continued to be monitored by the authorities, while under the guardianship of her husband, until August 1907. While these two women had essentially committed the same crime, that of killing their children, the outcomes of their journeys through the judicial process seem very different. Catherine S was transported to the other side of the world for the rest of her life: Helen R spent just over ten years in prison and was able to return to her home and family. However, the involvement of the prison and authorities in Helen’s life, and those of her family members, would nevertheless last over thirty years.

Cases of child murder represent the most extreme deviation from a mother’s role as caregiver and protector of her children, and changing attitudes and ideas surrounding this crime demonstrate wider ‘truths’ that were understood to underpin the nature of motherhood and the rationalisation of this most unnatural crime. The murder of a child by its own mother constituted, perhaps, the most public of all acts to be associated with puerperal insanity, marking a point where, as Catherine Quinn has shown in relation to cases in Devon, ‘individual mental affliction crossed a social boundary’, irreversibly

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<sup>4</sup> (NRS) HH17/96: Criminal lunatics (Perth) records: R---- or H----, Helen R----, 1875-1907. Prison memo dated August 28, 1907; ‘The Monikie Murder Case.’ *Dundee Courier and Argus* 29 June 1875: 5.

moving the personal experience of mental illness from the contained environment of the home or even the asylum into the public domain.<sup>5</sup> The paper trail created in the course of these cases offers rich evidence of the ideas which informed decisions and procedures, the format and functions of the state responses to these cases, and, ultimately, of the lived experiences of the women themselves and their families, the personal experiences at the heart of the judicial processes.

This chapter will examine a number of cases of children killed by their mothers in the Forfarshire and Fife areas between 1841 and 1910, to assess how child murder cases and insanity defences were viewed within this timescale and area, and to look at changing understandings of women's culpability in acts of child murder.<sup>6</sup> The chapter will then follow the cases of four women whose crimes were closely associated with childbearing related insanity, and explicitly puerperal insanity, to assess the significance of this connection in their judgement and outcome. In particular, the chapter will examine the care, supervision and treatment of these four women.

The aim is not to provide a comparative study of the differences between the judicial systems of Scotland and England, nor to provide an overview for the timespan of the use of the puerperal insanity diagnosis across Scotland, although the judges who presided over these cases were the same judges who sat in the courts in Edinburgh and heard cases around the country. The cases examined in this chapter have all been taken from the area served by the two asylums at Dundee and Montrose. These are the cases that caught the local public's attention and were discussed and deliberated in the local press, creating and supporting a public discourse surrounding puerperal insanity. These cases formed part of the spectrum of childbearing-related mental illness in the

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<sup>5</sup> Catherine Louise Quinn. 'Include the Mother and Exclude the Lunatic: A Social History of Puerperal Insanity c. 1860 – 1922' (unpublished PhD thesis, University of Exeter, 2003): 288.

<sup>6</sup> Details of these cases are available in Appendix B, Table B1.

Forfarshire and Fife region. They deviated from the less violent cases discussed in the earlier chapters in that they moved the experience of puerperal insanity more explicitly from the private setting into a public arena. Studying these cases allows us to examine how ideas about women who killed their own children were influenced by attitudes to marital status and responsibility, and how public opinion, expressed through petitions and in media reports, determined the ways in which women were judged and punished. These cases also support the theory that the puerperal insanity defence was more likely to be used in cases involving married women, but that the use of the diagnosis in judicial terms grew out of an increasing willingness to believe in temporary insanities or frenzies among women who murdered their children. The temporary nature of the condition in turn governed responses in a way that had a significant and long-lasting effect on the care and custody of the women themselves, and this study takes our knowledge of the consequences of such judgements beyond the courtroom and through the remaining course of women's lives.

### *Child murder and insanity*

Child murder has had a long history as a solution to the problem of unwanted children and was a familiar if unpleasant part of pre-modern and early modern life in Britain.<sup>7</sup> Much of the historiography of the subject of child murder has centred on responses to the killing of babies at or shortly after birth, but a more recent group of historians have looked at child murder as an aspect of female criminality, and also in relation to changing legal and judicial representations of female offenders.<sup>8</sup> This

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<sup>7</sup> Arlie Loughnan. 'The 'Strange' Case of the Infanticide Doctrine'. *Oxford Journal of Legal Studies*, 32, no. 4 (2012): 689 - 690.

<sup>8</sup> See in particular Anne-Marie Kilday, *A History of Infanticide in Britain, c. 1600 to the Present*. Palgrave MacMillan, 2013, and Annie Cossins, *Female Criminality: Infanticide, Moral Panics and The Female Body*. Palgrave MacMillan, 2015.

section outlines the background to child murder legislation, with particular reference to Scotland, to provide a context for the cases which are explored later in this chapter. It also examines the ways in which the subject has recently been explored by historians who emphasise the use of changing social meanings surrounding the act of child murder and the emergence of puerperal insanity as a defence in courtrooms and legal terminology.

At the end of the sixteenth century, a growing concern nationwide about immorality and criminality among the poor was reflected in the Scottish Church's increased attention towards sexual misconduct, the most visible manifestation of which was the illegitimate child.<sup>9</sup> Early legislation concerning newborn child murder centred on the difficulties involved in proving that a child born in secret and subsequently disposed of had ever, in fact, lived. Scotland had retained its own legal system following the Act of Union of 1707, and the legal institution of Scotland remained 'universally and distinctively Scottish'.<sup>10</sup> In 1690, the Scottish 'Act Anent the Murdering of Children' introduced the presumption of guilt if a woman did not seek help at the birth of her child or had concealed her pregnancy, resulting in a 'witch-hunt' of so-called immoral and unnatural women, many of whom suffered the capital sentence.<sup>11</sup> By the mid-eighteenth century, courts had become uncomfortable with sentencing women to death when there was no actual evidence of murder, and banishment became more common.<sup>12</sup> A statute in 1809 reinterpreting the failure to call for assistance and the concealment of

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<sup>9</sup> Anne-Marie Kilday. 'Maternal Monsters: Murdering Mothers in South-West Scotland 1750 - 1815'. In *Twisted Sisters: Women, Crime and Deviance in Scotland since 1400*, ed. Yvonne Galloway Brown and Rona Ferguson, 156 - 179. Tuckwell, 2002: 157 - 158.

<sup>10</sup> Carolyn Conley. 'Homicide in Late Victorian Ireland and Scotland'. *New Hibernia Review*, Volume 5, Number 3, Fómhar/Autumn 2001: 71.

<sup>11</sup> Kilday, 'Maternal Monsters': 158.

<sup>12</sup> *Ibid.*: 159 - 160.

pregnancy as a separate offence dramatically changed the way in which the legal system in Scotland dealt with women suspected of child murder.<sup>13</sup>

Although capital sanctions and severe penalties remained in place, the Scottish legal system was less inclined to use them as the nineteenth century progressed.<sup>14</sup> In Scotland, it was the role of a Procurator Fiscal to determine whether or not a reported death should be treated as homicide, and all those formally charged with this offence appeared before the High Court of Justiciary, the supreme criminal court in Scotland, which sat permanently in Edinburgh, but also travelled on circuit around Scotland.<sup>15</sup> High Court trials were heard before a jury of fifteen men (women could not serve on juries until after 1919), and a majority among these jurors was sufficient to achieve a verdict.<sup>16</sup> Culpable homicide was roughly equivalent to the English charge of manslaughter, in that the act of killing lacked the 'evil intention required to constitute murder'.<sup>17</sup> Concealment of pregnancy, where delivery had resulted in a dead baby and the mother had not sought assistance, was a non-capital charge with a maximum sentence of two years imprisonment.<sup>18</sup> The charge of child murder required evidence of 'intentional violence'<sup>19</sup> Although technically a separate charge, it was not unusual for an indictment to include the charges of both child murder and concealment of pregnancy, leaving the possibility of a verdict on the lesser charge.<sup>20</sup> Alternatively, it was possible to offer a plea of guilty to culpable homicide in cases where the charge

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<sup>13</sup> Lynn Abrams. 'From Demon to Victim: The Infanticidal Mother in Shetland, 1699 – 1899.' In *Twisted sisters: Women, crime and deviance in Scotland since 1400*, ed. Yvonne Galloway Brown and Rona Ferguson. Tuckwell Press, 2002: 180.

<sup>14</sup> Kilday, 'Maternal Monsters': 161.

<sup>15</sup> Conley, 'Homicide in Late Victorian Ireland and Scotland': 66; (NRS) Research Guides: High Court Criminal Trials <https://www.nrscotland.gov.uk/research/guides/high-court-criminal-trials> [Accessed 17/8/18].

<sup>16</sup> Conley, 'Homicide in Late Victorian Ireland and Scotland': 67 - 68.

<sup>17</sup> *Ibid.*: 70 - 71.

<sup>18</sup> Alison Brown. 'The Social History of Scottish Homicide, 1836-1869.' (unpublished PhD thesis, University of Leicester, 2013): 43; Abrams, 'From demon to victim': 180.

<sup>19</sup> Brown, 'The Social History of Scottish Homicide': 43.

<sup>20</sup> *Ibid.*: 63.

was murder. In her study of Scottish homicide cases between 1867 and 1892, Carolyn Conley noted that judges accepted a plea of culpable homicide in around a third of cases where the accused was charged with murder.<sup>21</sup>

In Scotland and elsewhere, the majority of child murder cases involved unmarried mothers and unwanted children. Public preoccupation tended to dwell on issues of morality, but ideas about the fundamental nature of the act of child murder began to shift during the eighteenth and nineteenth centuries. The social meanings of child murder changed from an interpretation, as termed by Arlie Loughnan, of ‘manifest criminality’ to ‘manifest madness’.<sup>22</sup> Anne-Marie Kilday has argued that such ideas not only accompanied ‘a more compassionate attitude’ on the part of the authorities, but also a general belief that ‘so nakedly unfeminine and non-maternal’ an act could only be due to mental incapacity’.<sup>23</sup> As motherhood became more deeply entrenched as a woman’s foremost and cherished role in society, a woman who killed her own children seemed by definition insane. In essence, the act of child murder appeared to be ‘the antithesis of nature’ and ‘a mother’s perverse rejection of her natural function’.<sup>24</sup> The greater tendency towards leniency in child murder cases grew from an ‘almost visceral “feeling” that such a crime simply could not be a rational act’, and that insanity, however temporary, must be the cause.<sup>25</sup> These changing ideas further reflected a more general ‘medicalisation’ or ‘pathologisation’ of female crime in general, linking it to the intrinsic ‘constitutional weakness’ of women.<sup>26</sup> Women were both sexual and maternal

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<sup>21</sup> Conley, ‘Homicide in Late Victorian Ireland and Scotland’: 71.

<sup>22</sup> Loughnan, ‘The ‘Strange’ Case of the Infanticide Doctrine’: 685.

<sup>23</sup> Kilday, *A History of Infanticide in Britain*: 169.

<sup>24</sup> Roger Smith. *Trial by Medicine: Insanity and Responsibility in Victorian trials*. Edinburgh University Press, 198: 144.

<sup>25</sup> Catherine Damme. ‘Infanticide: The Worth of an Infant Under Law’. *Medical History*, 22 (1978): 14.

<sup>26</sup> Loughnan, ‘The ‘Strange’ Case of the Infanticide Doctrine’: 687.



creatures, liable to be driven insane by extraordinary strain - their 'female condition' could in itself lead to madness.<sup>27</sup>

While the woman who murdered her own child surely represented 'the antithesis of womanhood', Hilary Marland has suggested that female insanity was seen as existing as part of family life, as 'the very embodiment' of 'femininity and maternity', with child murder seen as an expected consequence of childbirth brought on by women's intrinsic fragility.<sup>28</sup> The emergence of puerperal insanity as a defence plea effectively bridged the continuing public unease about child murder and the growing sympathetic response to women who committed this unnatural crime. Its application in mid-nineteenth century trials demonstrated how puerperal insanity had become accepted as 'an almost 'normal' side effect' of pregnancy and childbirth.<sup>29</sup> Kilday has also noted that the view became so widespread that the puerperal insanity defence would 'dominate defence tactics employed in British courtrooms during the nineteenth century and eclipsed all other explanations for new-born child-murder'.<sup>30</sup> As we will see, puerperal insanity was readily accepted as an explanation for child murder in a Scottish court room in 1875, and in a number of cases around the turn of the twentieth century.

Puerperal insanity, regarded as a 'discrete disease' which built on a woman's predisposition to madness, provided a neat 'diagnostic entity' to provide an explanation for the murder of a child by its mother.<sup>31</sup> It arose as an 'unfavourable medical occurrence', the result of which was a woman's submission to the overwhelming

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<sup>27</sup> Cossins, *Female Criminality*: 187.

<sup>28</sup> Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004: 200.

<sup>29</sup> *Ibid.*: 172; Hilary Marland. 'Getting Away with Murder? Puerperal Insanity, Infanticide and the Defence Plea.' In *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550 – 2000*, ed. Mark Jackson, 168 - 92. Ashgate, 2002: 191.

<sup>30</sup> Kilday, *A History of Infanticide*: 171.

<sup>31</sup> Loughnan, 'The 'Strange' Case of the Infanticide Doctrine': 697; 699.

impulse to kill her offspring.<sup>32</sup> Such a convenient explanation enabled the judicial system to seek ‘refuge in pinning guilt on the woman’s psyche and endocrine system at post-partum’, and to utilise the ‘loophole’ of puerperal insanity and its perceived temporary nature.<sup>33</sup> It constructed the problem as a personal, rather than a social one, a medical condition rather than a criminal one, and in consequence it reinforced ideas about the ‘intrinsic weakness of women’ and the actions of those who ‘stepped outside the bounds of “acceptable” behaviour’.<sup>34</sup> Elaine Farrell also noted that, within the setting of Irish society between 1850 and 1900, puerperal insanity became ‘a label that comfortably explained the violent woman or the deviant woman who rejected her role as wife and mother.’<sup>35</sup>

Annie Cossins has similarly argued that puerperal insanity emerged from within the context of the ‘moral regulation of infanticidal mothers’, noting that the idea that the ‘female condition’ itself led to mental illness was one which had been around since the eighteenth century, a concept that allowed the emerging discipline of psychiatry to regard every biological function of a woman as a potential cause of insanity.<sup>36</sup>

Examples of female criminal lunatics supported and perpetuated ideas of women’s inherent instability’.<sup>37</sup> The puerperal insanity defence was a convenient way to deal with women who had killed their children, as it was generally difficult to achieve a murder conviction in these cases. In this way, ‘a presumption of insanity in the name of moral regulation’ became a standard route to securing a lesser conviction.<sup>38</sup> Cossins also claims, however, that puerperal insanity was one of a number of ‘arbitrary categories in

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<sup>32</sup> Loughnan, ‘The ‘Strange’ Case of the Infanticide Doctrine’: 697 - 98.

<sup>33</sup> Damme, ‘The Worth of an Infant’: 15.

<sup>34</sup> Kilday, *A History of Infanticide*: 172.

<sup>35</sup> Elaine Farrell, ‘*A Most Diabolical Deed*’: *Infanticide and Irish Society 1850 – 1900*. University of Manchester Press, 2013: 98.

<sup>36</sup> Cossins, *Female Criminality*: 177.

<sup>37</sup> *Ibid.*: 196.

<sup>38</sup> *Ibid.*: 187.

the insanities of reproduction with arbitrary cut off points'.<sup>39</sup> The cases examined later in this chapter demonstrate that the puerperal insanity defence could indeed be a highly flexible option, and that representations of women found to be insane were highly dependent on moral and social interpretations.

While Roger Smith noted the existence of 'a clear symptomatology of mental disorder surrounding confinement', there was in many cases little 'expert medical consensus' on the condition, and much of the discourse concerning puerperal insanity and child murder was based around non-expert opinion on the subject.<sup>40</sup> Medical evidence given at many child murder trials across Britain was often given not by experts in the field of mental disorder but by general practitioners, midwives and other non-expert parties, whose assessment of a woman's state of mind was readily accepted by juries.<sup>41</sup> Furthermore, Chloe Kennedy has argued that in Scottish courts, a particularly high level of trust was placed in lay opinion, and that Scottish judges such as Lord Deas expressly instructed jurors to make their own assessment of the sanity or otherwise of the accused, based on their own judgements and personal experience. This ethos, Kennedy claims, arose from the ideas of the Scottish Enlightenment and the prominence of Scottish Common Sense Realism.<sup>42</sup> This suggests that 'common sense' views of insanity and of women's actions in these particular trials, not only among judges and jurors but expressed as public opinion, had a significant influence over the reception of Scottish verdicts as will be explored in the cases that follow.

Taken together, the historiography discussed above shows that the application of the puerperal insanity diagnosis was a highly flexible option in nineteenth-century Britain,

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<sup>39</sup> Cossins, *Female Criminality*: 193.

<sup>40</sup> Smith, *Trial by Medicine*: 150; Loughnan, 'The 'Strange' Case of the Infanticide Doctrine': 685.

<sup>41</sup> Marland, *Dangerous Motherhood*: 181.

<sup>42</sup> Kennedy, Chloe. 'Ungovernable Feelings and Passions': Common Sense Philosophy and Mental State Defences in Nineteenth Century Scotland.' *Edinburgh Law Review* 20, no. 3 (2016): 301.

and it was used with increasing frequency towards the end of the nineteenth century. Verdicts of insanity often depended more on lay opinions and ‘medical uncertainty’ about the accused’s state of mind rather than actual expert knowledge. Judges and juries subscribing to the ‘sudden impulse’ school of thought were following a lay rather than a medical opinion.<sup>43</sup> The ‘elusiveness of mental illness’ allowed for considerable latitude in the use of the insanity defence in nineteenth-century courtrooms.<sup>44</sup> This may have had more relevance in Scottish courts which subscribed to a ‘common sense’ view of criminal responsibility which legitimised and even prioritised lay knowledge. These inheritances and influences are significant to the interpretation of mental illness in Scottish court rooms, and the ways in which public knowledge directed and responded to judgements.

*‘An atrocity of the deepest dye’: Murdering mothers*

As discussed above, the nineteenth century saw changes in attitudes towards child murder and the punishment of women, in Scotland and across Britain, with the murder of infants by their mothers increasingly being seen as in itself an irrational act which was contrary to a woman’s natural role and somehow beyond her own control. This section outlines a selection of cases of child murder which took place in the Forfarshire and Fife area and traces the changes in sentencing and public opinion as seen in newspapers and court records. In this section, I argue that a trend towards supporting a view of temporary insanity, or ‘frenzy’, was evident in trials and sentencing throughout the century. This trend can be identified in expressions of public opinion during this

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<sup>43</sup> Tony Ward. ‘The Sad Subject of Infanticide: Law, Medicine and Child Murder, 1860-1938’. *Social & Legal Studies*, 8, no 2 (1999): 168.

<sup>44</sup> Farrell, ‘*A Most Diabolical Deed*’: 101.

period, which challenged and influenced legal judgements, and is an important element of the wider acceptance of puerperal insanity as a defence in later murder trials.

In 1860, Bridget K (C1860), a Dundee millworker, poisoned her seven-month-old daughter with vitriol, or sulphuric acid, when the father of her child married another woman. Bridget received the death sentence. In handing down the sentence, Lord Deas, the presiding judge at her trial at Perth Circuit Court in September 1863, was emphatic in expressing his contempt:

The natural characteristics of woman are gentleness, pity and affection: and if she lays asides these characteristics, and proceeds deliberately to take away human life, she is turning the lamb into the tigress ... If she directs her deadly purpose, with unrelenting cruelty, against her own child, she becomes worse than the tigress, whose ferocity is always directed to the defence and not the destruction of her offspring.<sup>45</sup>

In these comments, Lord Deas compared Bridget to an animal - indeed, she was less than an animal - having committed an unnatural deed made worse by its subversion of the natural protective role of mother. Lord Deas had a reputation for harsh sentences, and he was known as being 'respected and feared rather than admired or loved among his brethren'.<sup>46</sup>

Three years later however, in 1863, Isabella W and Euphemia W (C1863) were charged at the same diet in September at Perth Circuit Court with the murder of their babies. Isabella had strangled her eight-day-old child and Euphemia had thrown her naked three-day-old baby from a hundred-foot-high cliff near Arbroath.<sup>47</sup> Lord Deas

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<sup>45</sup> 'Aggravated Charge of Murder - Sentence of Death'. *Dundee, Perth, Forfar and Fife People's Journal*, 14 April 1860: 4.

<sup>46</sup> 'Death of Lord Deas', *Fife Herald*, Wednesday 9 February 1887: 5.

<sup>47</sup> 'The Dundee Child Murder.' *Dundee Courier and Argus*, 19 September 1863: 3; 'The Arbroath Child Murder.' *Dundee Courier and Argus*, 19 September 1863: 3.

was again on the bench, but this time the women were allowed to plead guilty to the lesser crime of culpable homicide. In summing up Isabella's case, Lord Deas noted:

If the case had gone to trial, and the jury had convicted the prisoner of the major charge of murder, the court would have had no alternative but to pronounce sentence of death against her ... the prisoner's case was not one of deliberate taking away of the life of a child by its mother in a cool, determined manner, but that there was something in the circumstances in which the accused had been placed - something in the manner in which the crime had been perpetrated, while took away its aggravated-looking character.<sup>48</sup>

In the intervening time between the trial of Bridget K and those of Isabella W and Euphemia W, Lord Deas had incurred the full wrath of public outrage for his handling of the Sandyford murder case, when he had been particularly 'ferocious' in dismissing what was described as 'an extremely plausible account', put forward to explain the actions of a woman convicted of murder, before handing down the death sentence. His public image had suffered greatly as a result, and this perhaps informed his decision to accept a plea of culpable homicide in the latter cases.<sup>49</sup> He would become known, moreover, for his leniency towards those whom he regarded had succumbed to a temporary lapse of judgement, due to strong emotions and due to weakness caused by ill health.<sup>50</sup>

Deas' comments here also illustrate the dichotomy of attitudes towards the murdering mother: spiritual and sensitive on the one hand, and basic, impulsive and animal-like on the other. Although actually compared to an animal, it was the deliberate and calculating nature of Bridget's crime, which had involved the cool and determined procurement of poison in advance, which led to the severity of the sentence.

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<sup>48</sup> 'Perth Circuit Court'. *The Scotsman*, 19 September 1863: 3.

<sup>49</sup> 'Death of Lord Deas', *Fife Herald*, Wednesday 9 February 1887: 5.

<sup>50</sup> Oxford Dictionary of National Biography. Sir George Deas <[www.oxforddnb.com](http://www.oxforddnb.com)> [Accessed 6/8/19].

The essentially impulsive and primal nature of Isabella and Euphemia's actions, by contrast, somehow removed the element of evil intent in the crimes, making the lesser charge of culpable homicide possible. This elusive 'something in the circumstances', as Lord Deas phrased it, was at the centre of much public discussion surrounding such trials.

Across Britain, child murder by a mother was somehow regarded as natural and unnatural at the same time. Like Catherine S, Bridget K was represented in the local press as having been driven to commit an unnatural deed as a result of her 'reason giving way' through despair at her misfortune.<sup>51</sup> In an article published in the *Dundee Advertiser*, an unknown writer commenting on the cases of Isabella and Euphemia lamented the rise in cases of child murder, claiming 'the murder of a babe by its own mother is an atrocity of the deepest dye'. The writer further contrasted the view of the natural mother, who would sacrifice her own life to save that of her child's, with the 'unnatural' woman who would kill her child:

It is a most unnatural crime, for there are few mothers who would not risk their own lives for the safety of their offspring. But the very unnaturalness of the crime suggests that its perpetration must result from some very powerful motive working in the mind of the perpetrator - that the murderess must, in point of fact, be labouring under a state of mind bordering on phrenzy (sic) before she could lay violent hands upon her own child.<sup>52</sup>

The 'very unnaturalness' of child murder provided the key by which the act could come to be understood - such an unnatural act could only be the result of an absence of reason. Although shocked and upset by what was perceived as a rising wave of child murder, these letters and reports suggest a public willingness to find rational

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<sup>51</sup> 'The Case of Bridget K----'. *Dundee, Perth, Forfar and Fife People's Journal*, 28 April 1860: 2 (Letter to the Editor from James Robertson).

<sup>52</sup> 'Seduction the cause of infanticide'. *Dundee Advertiser*, 23 September 1863: 2.

explanations for this seemingly ‘unnatural and unjustifiable crime’ and, in the cases presented here, the women were portrayed as victims, mistreated and used by the fathers of their illegitimate offspring, and driven out of their minds to commit this terrible deed. Despite the obvious violence of their crimes, in pronouncing sentence, Lord Deas told Isabella W, ‘when you did take away the life of the child ... it was when some circumstances had emerged which you had not the control, and which goes to make the crime not murder.’<sup>53</sup>

Lord Deas also noted that, had he not been able to charge Isabella W with culpable homicide, and she had been found guilty of murder, he would have had no option but to hand down the death sentence, leaving her to the ‘merciful consideration of her Majesty’.<sup>54</sup> In practice, even by the beginning of the nineteenth century, as noted by Rachel Bennett, a gradual shift in public opinion and judicial responses to child murder in Scotland had made the use of the death penalty for women increasingly infrequent.<sup>55</sup> In Bridget’s case, ‘upwards of five thousand signatures’ were received in a petition to save her from the death penalty, while a similar petition in response to Catherine’s sentence had been ‘numerously and respectably signed’.<sup>56</sup> Bridget’s sentence was duly reprieved, and replaced with life imprisonment - she would die seven years later as a convict in Perth General Prison - and Isabella and Euphemia were both sentenced to ten years’ penal servitude.<sup>57</sup> Following Bridget’s reprieve from the death sentence, one writer noted:

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<sup>53</sup> ‘The Dundee Child Murder’, *Dundee Courier and Argus*, September 19, 1863: 3.

<sup>54</sup> *Ibid.*: 3.

<sup>55</sup> Rachel E. Bennett. *Capital Punishment and the Criminal Corpse in Scotland, 1740–1834*. Palgrave Macmillan (2017).

<sup>56</sup> ‘Local Intelligence’, *Dundee, Perth, Forfar and Fife People’s Journal*, 21 April 1860: 3. ‘Catherine S--’, *Dundee Warder*, 18 May 1841: 3.

<sup>57</sup> (NRS) Statutory registers, index. Deaths in the District of Perth, 1867, K----, Bridget, aged 33: 387/538. <<https://scotlandspeople.gov.uk>> [Accessed 9/8/2018]



It is very gratifying to learn that instead of giving herself up to lightness of feeling and conduct now released from the last sentence of the law, the reverse being the case. She is, we are informed, exhibiting more signs of real penitence, and mourning bitterly for her sins.<sup>58</sup>

These were hardly light sentences, and, while saved from the gallows by public opinion, the public still expected the women to pay for their crimes. These reports illustrate that the crime of child murder was held to be shocking and challenged deeply held beliefs about the innate qualities of a woman's relationship with her child. In the matter of previously respectable unmarried mothers losing their senses and giving way to impulse, a certain amount of tolerance was evident in these cases. In the 'fallen woman' scenario, the woman was forced to 'act contrary to her maternal nature' by social and economic pressures, and the desperate nature of her situation.<sup>59</sup> In the cases of these four women, no connection seems to have been made between their crimes and their recent experience of birth, their infants ranging from three days to seven months, nor to the exhaustion caused by nursing and malnourishment, and falls far short of the direct implication of puerperal insanity in their defences. There had however been a shift towards the idea of a temporary madness, loss of reason, or 'phrenzy', emerging during the mid-nineteenth century as a partial justification in cases of child murder.

By the time Helen C (C1872), a domestic servant at Glamis Castle in Angus, gave birth to a female infant in November 1872, the idea of temporary frenzy had gained legal as well as popular weight. Helen gave birth alone in her room in the servants' quarters and, by the time the infant was discovered in Helen's chamber pot under her bed, the child had sustained cuts to her lip and chin, and a fractured jaw, and despite the efforts of the local doctor and other members of the castle staff, she died the following day. Helen denied cutting the child and claimed that she had fallen into the chamber

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<sup>58</sup> 'Bridget K---'. *Montrose, Arbroath and Brechin Review*, 18 May 1860: 7.

<sup>59</sup> Ward, 'The Sad Subject of Infanticide': 165.

pot. Helen was taken into custody in Forfar prison, the superintendent there noting that she seemed 'quite indifferent in her manner' when questioned about the death of her baby. Some members of staff at the castle reported that Helen had talked about drowning herself. Helen was charged with child murder or concealment of pregnancy and tried at Dundee in April 1873.<sup>60</sup>

In passing sentence, Lord Jerviswoode told Helen C, 'I am very anxious to give you as lenient a sentence as is consistent with the ends of justice'; he accepted Helen's plea of guilty to the lesser charge of concealment of pregnancy and sentenced her to nine months' imprisonment. Evidently, he was prepared to accept that there had been no intention of violence on Helen's part in the injuries sustained by the child. Lord Jerviswoode was known to be a mild-mannered man, of a 'shy nature', and he did not have the reputation of his colleague Lord Deas of handing down severe sentences. Earlier in the same sitting, however, he had sentenced another young woman, found guilty of the theft of 'a merino dress, a merino pannier of a dress, and a wincey pannier of a dress', to seven years penal servitude, against which Helen C's nine months for killing her child does indeed seem lenient, even when considering that she had already been detained for five months.<sup>61</sup>

Jerviswoode had, in fact, presided over another child murder case in Fife in late September of the previous year. The majority of the cases of child murder catalogued in the Court records of the National Records for Scotland between 1820 and 1910 involve the murder of illegitimate or unnamed children. In 1872, however, in the case of Elizabeth G (C1872), referred to earlier in Chapter Three, a married woman had come before the Perth Circuit Court charged with the murder of her three-year-old son.

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<sup>60</sup> (NRS) AD14/73/152: Precognition against Helen C---- for the crime of child murder, or concealment of pregnancy at Glamis Castle, Glamis, Forfar [Angus].

<sup>61</sup> 'Concealment of Pregnancy'. *Dundee Courier and Argus*, 9 April 1873: 3.

Elizabeth, a maltman's wife from Burntisland, had drowned her son Thomas in a tub of water. The *Southern Reporter* noted, 'the poor little fellow had been held down by the neck and was doubled up till his back was broken'.<sup>62</sup> On being questioned, Elizabeth said she had killed the boy because she believed he was not her child. James Carmichael, a local doctor, testified that she was 'insane - unable to distinguish between right and wrong, and unable to give instructions for her defence'. Dr Carmichael further stated that Elizabeth was suffering from 'lacteal' insanity, and that he believed that she had been insane since the time of the child's birth.<sup>63</sup> Lords Neaves and Jerviswoode swiftly accepted the doctor's statement, and that of the Cupar prison doctor, James Walker, that Elizabeth's actions were due to insanity, and the charge against her was deserted *pro loco et tempore*. Elizabeth was detained for a short time in the prison at Cupar, then transferred to the Criminal Lunatic Department at Perth Prison.<sup>64</sup> Elizabeth G's case differed from those which had implied a passing frenzy caused by birth and social pressure and moved instead towards the explanation of murder caused by insanity, and, more explicitly, insanity connected with the longer-term effects of birth and of the nursing of her child.

In the latter half of the nineteenth century, cases of young unmarried women killing their children at or very shortly after birth began to be seen in the context of a 'transient frenzy' brought on not only by their shame and despair, but also by the strain of childbirth.<sup>65</sup> Such actions were not simply the result of 'evil doings', but a natural reaction caused by 'the essential weakness of women'.<sup>66</sup> While the verdict in Helen C's

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<sup>62</sup> 'Murder of a Child by its Mother'. *Southern Reporter*, 27 June 1872: 4.

<sup>63</sup> 'Found Insane'. *Fife Free Press*, 21 September 1873: 3.

<sup>64</sup> (NRS) HH17/47: Criminal lunatics (Perth) records, G---- or D----, Elizabeth, 1872-1898.

<sup>65</sup> John Baker. 'Female Criminal Lunatics: A Sketch.' *Journal of Mental Science*, 48, no. 200 (1902): 19.

<sup>66</sup> Kerry Higgins. "'Oh mothers, did you ever hear, of such barbarity': Infanticide and the Influence of Print Culture in Nineteenth Century England'. *Women's History Magazine*, Spring 2015: 17; Loughnan, 'The 'Strange' Case of the Infanticide Doctrine': 699.

case fell short of implicating insanity, the leniency involved and explicitly referred to by the judge reflects an attitude which had moved on from the avoidance of the death penalty in such cases to an acknowledgement of diminished responsibility on the part of the accused. Such cases reflected an emerging trend which supported the implication of puerperal insanity as a standard defence in child murder cases in Britain as the nineteenth century progressed.<sup>67</sup>

*'Free from the taint of crime' - Queen or King's Pleasure Lunatics*

Elizabeth G (C1872) had been ordered to be detained in the Criminal Lunatic Department at Perth Prison 'until Her Majesty's pleasure be known', meaning that, unlike those given fixed term sentences, she could be held for an undetermined period.<sup>68</sup> Writing in 1871, James Bruce Thomson, resident surgeon at Perth General Prison, noted that the purpose of the department was to house 'various classes of insane lunatics unfit to be placed in ordinary asylums' who could 'only be disposed of safely and satisfactorily by the State'.<sup>69</sup> Among these classes, Thomson highlighted a number of women who had 'destroyed their own children under an attack of puerperal mania', stating:

there are a class of homicidal men and women - such as ... puerperal maniacs - who become sane, and continue so, but who are not regarded as safe to be at large. The law does not allow *sane* persons to remain in

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<sup>67</sup> 'Found Insane'. *Fife Free Press*, 21 September 1873: 3; Kilday, *A History of Infanticide in Britain*: 171.

<sup>68</sup> Jonathan Andrews. "The Boundaries of Her Majesty's Pleasure: Discharging Child Murderers from Broadmoor and Perth Criminal Lunatic Department, c.1860-1920". In *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550 - 2000*, ed. Mark Jackson, 216 - 248. Ashgate, 2002: 224.

<sup>69</sup> James Bruce Thomson. "Criminal Lunacy in Scotland for Quarter of a Century, viz, from 1846 to 1870, both inclusive". *Edinburgh Medical Journal*, 17, 1: 21.

lunatic asylums; and ... a prison or state asylum is the only fit and proper place for such patients.<sup>70</sup>

This statement somewhat sidestepped the issue that such a policy forced the continuing incarceration of prisoners who had been deemed not responsible for their actions on account of insanity but were later considered to be perfectly sane. Writing later, in 1902, John Baker, then Deputy Superintendent at the State Asylum at Broadmoor, and a former assistant medical officer at Dundee Royal Asylum, also referred to a category of prisoner, of both sexes, who were ‘criminal lunatics’ (as opposed to ‘lunatic criminals’, who were ‘convicts and felons’ who had shown signs of mental derangement during their time of penal servitude or imprisonment).<sup>71</sup> Such persons, having been ‘acquitted on the plea that they were insane at the time such acts were committed’ were:

strictly speaking, free from the taint of crime, having been held to be irresponsible for the acts in question by virtue of their affliction ... The law provides that such persons shall be taken care of, not with a view to the punishment of the individual, but for the purpose of ensuring the safety of the public at large.<sup>72</sup>

Baker further outlined his observations on the female population of the Broadmoor asylum at that time. He noted that women who had committed child murder formed the majority of the female patients at Broadmoor, numbering some 286 cases of actual or attempted child murder in the registers since the opening of the asylum, and he related these to ‘the mental disorders associated with gestation and the climacteric’.<sup>73</sup> They required incarceration not as punishment but for their care and containment. These women, and other persons who were regarded as having been seized by a sudden impulse which had just as suddenly passed away and who were not considered to be

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<sup>70</sup> Thomson, ‘Criminal Lunacy in Scotland’: 27.

<sup>71</sup> ‘Obituary: Sir John Baker MD’. *British Medical Journal*, July 1, 1939: 42; Baker, ‘Female Criminal Lunatics’: 13.

<sup>72</sup> Baker, ‘Female Criminal Lunatics’: 13.

<sup>73</sup> *Ibid.*: 15.

responsible for their crimes, faced the prospect of remaining incarcerated as insane criminals even when they no longer showed any signs of insanity.

The perceived temporary nature of puerperal insanity, however, often allowed greater discretion to be exercised in discharging these patients on a conditional and supervised basis than in any other group.<sup>74</sup> Between its opening in 1850 and 1899, the state asylum at Dundrum, the Irish equivalent to Perth Criminal Lunatic Department, received thirty-eight women who had been charged with the murder of their children. Elaine Farrell has noted that some of those suffering from puerperal insanity were discharged within weeks or months of their committal if they did not exhibit signs of insanity in the asylum.<sup>75</sup> As Jonathan Andrews has noted, in his study of patients at Broadmoor Hospital and Perth Criminal Lunatic Department between 1860 and 1920, a high number of child-murderers from Broadmoor and Perth were ‘discharged as recovered’, with female offenders being more successful in securing their release.<sup>76</sup>

Women who had been imprisoned but who were later, or almost immediately, considered to be sane, problematised decisions concerning their continuing custody. They were not considered to be inherently criminal, and thus not a danger to society, yet their continued incarceration was no longer appropriate. The conditional release of such prisoners into the guardianship of a husband or relatives, under the continuing supervision and surveillance of the authorities, was an option which effectively circumnavigated the problem of the incarceration of prisoners who were eventually regarded as neither insane nor criminal.

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<sup>74</sup> Smith, *Trial by Medicine*: 154.

<sup>75</sup> Farrell, ‘*A Most Diabolical Deed*’: 104.

<sup>76</sup> Andrews, ‘The Boundaries of Her Majesty's Pleasure’: 218.

Nevertheless, the decision to discharge any prisoner was not undertaken lightly, and the association of insanity with childbirth was not seen in isolation. In 1897, John McNaughton, Medical Superintendent at Perth Criminal Lunatic Department, reported on the case of Elizabeth G (C1872), describing her as a ‘chronic and incurable lunatic’. While he considered that she was no longer dangerous, she was ‘not fit for liberation, either conditionally or otherwise’.<sup>77</sup> At the age of sixty-four, Elizabeth was regarded as a ‘perfectly harmless old woman’, suitable for care in ‘any ordinary asylum’, and she was duly sent to the Fife and District Asylum in 1898, where she would remain until she died in 1902.<sup>78</sup> In other cases, and where conditions were deemed suitable, women who had killed their children while suffering from this apparently temporary form of insanity, were able to return to their families, albeit under the careful scrutiny of the authorities.

#### *Beyond the courtroom - Custody and care*

The remainder of this chapter explores the cases of four women who were imprisoned at Perth but who were at some stage considered suitable for conditional release. Helen R (C1875) from Monikie in Forfarshire, Elizabeth B (C1895/D1895) and Ann A from Dundee (C1906), and Jane W (C1910/D1910) from Kirkcaldy in Fife were all detained at His or Her Majesty’s Pleasure, for varying lengths of time, and their actions in killing their children were explicitly presented as connected to puerperal insanity, childbirth and lactation. The documents relating to their cases allows us to trace their experiences beyond the courtroom and to examine the arrangements made for their subsequent care and custody. Taken together, these cases will explain the particular experiences of these

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<sup>77</sup> (NRS) HH17/47: Criminal lunatics (Perth) records, G---- or D----, Elizabeth, 1872-1898; Note from John McNaughton MD, Medical Superintendent, Perth Criminal Lunatic Department, dated 28 December 1897; Report by John McNaughton, dated 30 December 1897.

<sup>78</sup> *Ibid.*: Criminal lunatics (Perth) records, G---- or D----, Elizabeth, 1872-1898.

women and their families at the end of the nineteenth and into the twentieth century, within a context of accepted and largely medicalised views of the crime of child murder as an act of insanity. In particular, these cases allow us to go beyond the existing focus on verdicts and judgements and to look at the care and custody of these women.

Following a brief recap of the case of Helen R (C1875), whose case has been detailed earlier in this thesis, in the Preface and at the start of this chapter, the cases of the three other women, Elizabeth B, Ann A and Jane W, are detailed in turn in the section that follows. An overview of their cases is also available in Appendix B, Table B1 (page 343). The date range presented after each of the women's names in the sub-headings that follow represents the period of active involvement with the authorities for each woman.

#### Helen R (1875 – 1907)

The trial of Helen R (C1875) came soon after that of Elizabeth G (C1872), and, like Elizabeth G, Helen's actions and insanity were related to breastfeeding. Helen had killed her two youngest children in her cottage in Monikie and had been tried before the High Court of Justiciary in Edinburgh. She was found not guilty of murder on account of insanity. Her condition was seen, however, as more explicitly temporary and direct reference was made by her doctor during her trial to 'puerperal mania'.<sup>79</sup> Unlike Elizabeth G, she was considered suitable for conditional release, although not until she had spent five years in Perth Criminal Lunatic Department. Helen's involvement with the authorities lasted from her initial detention following the murder of her children in 1875 until her unconditional release in 1907.

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<sup>79</sup> 'The Monikie Murder Case'. *Dundee Courier and Argus*, 29 June 1875: 5.



Elizabeth B (1895 - 1904)

Elizabeth B (C1895/D1895) (Figure 5:1, page 269) had remained in Dundee in 1894 with their four children while her husband, a ship's riveter, worked in Belfast. The eldest of her children, ten-year-old Lizzie, suffered from bronchitis and her younger daughter, aged three, was paralysed down one side and thought never likely to walk. Her youngest child, Davie, was fourteen months old. Although Elizabeth's mother was living in Dundee, she was herself paralysed, and thought to be close to death. Once considered to be 'a very clean, and industrious woman, and very attentive to her children', Elizabeth changed in character around the time her husband started working in Ireland; she lost interest in her surroundings and neglected her children.<sup>80</sup> On one visit home, her husband found the house dirty and his wife in an exhausted and abstracted state. He told her 'to stop suckling the baby' and returned to Belfast. Elizabeth made no further attempt to nurse Davie and did not feed him any solid food. Lizzie was given some food by her grandmother, some of which she passed on to her siblings, and by that means, Davie received occasional scraps of bread and butter. On the morning of February 27<sup>th</sup>, 1895, Lizzie alerted neighbours to the fact that the baby was no longer breathing, and the police were called in.<sup>81</sup>

Elizabeth was first confined in the prison at Dundee, but plans were made to transfer her to Dundee Royal Lunatic Asylum. Despite the Crown Office having granted consent for her transfer from Dundee Prison, the managers of the asylum were unwilling to receive her. On March 12, 1895, a Mr William Denton wrote from the General Board of Lunacy to the office of the Prison Commissioners declaring that he would be 'unable to lay [the case] before the Board for some time', adding:

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<sup>80</sup> (NRS) HH17/11: Criminal lunatics (Perth) records: B---- or B---- Elizabeth, 1895-1923. Letter from Det. Officer Edward Booth to D. Dewar Esq, Chief Constable, Dundee.

<sup>81</sup> *Ibid.*: Account of Mrs B----'s case dated 20 July 1898.

As Dundee Royal Asylum is a Chartered Asylum the consent of the Managers to the reception of an insane prisoner must be antecedent to any action on the part of this Board, and if such consent is withheld it does not appear that there is any duty on the part of this Board of determining whether the accommodation is or is not sufficient for the reception of such a prisoner. This seems to me to be the legal position of this matter.<sup>82</sup>

He went on to add that, even if this view was incorrect, he considered it unlikely that he would be able to persuade the managers of the asylum otherwise and suggested that instead the prisoner be sent to Montrose Asylum or to the District Asylum at Cupar. He did, however, add that he had written to Dr Rorie, Medical Superintendent of the Dundee asylum, to ask whether he could 'see his way clear in the emergency which has arisen to receive the woman for the short time between the present time and her trial'.

He received a terse reply from the Prison Commission:

The Asylum Authorities are bound to receive the case, seeing that the Dundee Royal Asylum is a Chartered Asylum in which pauper lunatics are maintained in terms of a contract ... the last portion of the Section referred to does not apply to Chartered Asylums bound under contract to maintain pauper lunatics, but to those which are not so bound.<sup>83</sup>

A further letter dated March 14, from Dr Rorie, informed the Secretary of the General Board of Lunacy that the committee had 'agreed to receive the insane prisoner from Dundee Prison'.<sup>84</sup> Elizabeth was removed to the asylum on 16 March, and would remain there for a period of ten days prior to her trial.<sup>85</sup>

Her diagnosis on arrival at the Dundee Asylum codified a complex interpretation of her symptoms which were described as 'half melancholia, half stupor or functional

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<sup>82</sup> (NRS) HH17/11: Letter from William Denton of the General Board of Lunacy for Scotland to the Secretary to the Prison Commissioners, Edinburgh, dated 12 March 1895.

<sup>83</sup> *Ibid.*: Letter from the Prison Commission for Scotland, dated 14 March 1895.

<sup>84</sup> (NRS) HH17/11: Letter from Dr Rorie to the Secretary of the General Board of Lunacy, dated 14 March 1895.

<sup>85</sup> *Ibid.*: Insane prisoner discharge, 16 March 1895.

dementia and resulting from apathy and indifference from absence of husband and partly from physical exhaustion from lactation'.<sup>86</sup> Perhaps unsurprisingly, she refused to talk about the baby. The warder had reported that other prisoners had tried to question her, but she had refused to reply on the subject.<sup>87</sup> The asylum doctor seemed to regard her silence as suspicious and outlined a number of 'peculiarities about the case difficult of explanation'. He noted that Elizabeth had no loss of memory of events up to her husband's departure to Ireland but referred to 'a certain laziness' in her recall of events afterwards'. He noted that on the subject of the baby, Elizabeth '...[refused] to give any information by simply remaining silent; exactly as if she had been advised to do so'. He further noted that although Elizabeth had received a regular allowance from her husband, 'there was no evidence obtainable about how this was spent'.<sup>88</sup> When she did talk about Davie's death, she said that she was 'sorry when the child died' and that she had not disliked it; that she knew he would die if she did not wean it, and yet had no intention of doing so.<sup>89</sup>

Elizabeth was officially charged at the Dundee Circuit Court in March 1895 with 'neglecting to supply her son ... with food or nourishment in consequence of which he died and was thus killed by her'.<sup>90</sup> Her condition would also be attributed by the authorities to having been 'in a moody and depressed state ... during the absence of her husband in Belfast'.<sup>91</sup> The decision of the Court, however, was that Elizabeth was in a state of insanity and unfit to be tried, 'deserted the diet against the panel *pro loco et*

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<sup>86</sup> (DUA) THB 7/8/9/39: 546 - 547.

<sup>87</sup> *Ibid.*: 542.

<sup>88</sup> *Ibid.*: 547.

<sup>89</sup> *Ibid.*: 544.

<sup>90</sup> (NRS) HH17/11: Order for conditional discharge, undated.

<sup>91</sup> *Ibid.*: Document marked 'Draft letter for US for S, dated 5 August 1904.

*tempore*', and ordered Elizabeth to be 'detained under strict custody until Her Majesty's pleasure be known'.<sup>92</sup>

The case was covered by the local press, with the *Dundee Courier* and *Dundee Advertiser* running the story under such headings as 'The Maxwelltown Starvation Case', 'Alleged Starvation of a Child in Dundee' and 'Insane mother starves her child', but the case also received wider coverage, appearing in several papers in London, throughout England, and in Northern Ireland. Much of this was confined to a brief mention of Elizabeth having been found insane, having been charged with 'starving her children to death', and thereafter to be detained at her Majesty's pleasure, and in at least one instance the story ran under the heading 'Mad 'Liza''.<sup>93</sup> The *Derry Journal* chose to feature the case as one of two 'shocking crimes' to be tried in Dundee, pairing it with that of a man who had killed his wife with a bottle during a 'drunken quarrel'.<sup>94</sup> Elizabeth was described as being 'not altogether responsible for her actions'; 'weak-minded' and 'in a feeble state of mind'.<sup>95</sup> At her trial, it was noted that 'when placed in the dock she seemed to be indifferent to her position'.<sup>96</sup> The newspapers painted a dismal picture of Elizabeth and her family sinking into filth and starvation, with the older children fending for themselves and Elizabeth becoming more and more detached.

Following her trial, Elizabeth was taken to the Criminal Lunatic Department at Perth where she remained for nine years. In 1904, when the question of her conditional release was raised, it was noted that 'at first, she was childish and exceedingly

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<sup>92</sup> *Ibid.*: Copy of Verdict, dated March 26, 1895.

<sup>93</sup> 'The Maxwelltown starvation case'. *Dundee Courier*, 27 March 1895: 4; 'Alleged Starvation of a Child in Dundee'. *Dundee Advertiser*, 1 March 1895: 5; 'Insane Mother Starves her Child'. *Dundee Advertiser*, 27 March 1895: 2; 'Mad 'Liza.' *Leeds Times*, 30 March 1895: 2.

<sup>94</sup> 'Two Shocking Crimes'. *Derry Journal*, 27 March 1895: 5.

<sup>95</sup> 'Alleged Starvation of a Child in Dundee', *Dundee Advertiser*, 1 March 1895: 5; 'General news', *Sheffield Independent*, 1 March 1895: 5; 'Insane Mother Starves her Child'. *Dundee Advertiser*, 27 March 1895: 2.

<sup>96</sup> 'Insane Mother Starves her Child'. *Dundee Advertiser*, 27 March 1895: 2.

emotional, but is now of a much more equitable temperament. She never harboured insane delusions, nor has she shown any active symptoms of insanity'.<sup>97</sup> Elizabeth was by this time nearly 40 years old. In the absence of her husband, whose whereabouts were unknown, she was released into the care of her sister and brother-in-law in 1904.

#### Ann A (1906 - 1925)

Ann A (C1906) had her first serious episode of depression in 1901 following the birth of her third child. She left her house in Lochee, Dundee, early one morning and made her way to the River Tay, leaving a note to say that she had 'gone to destroy herself.' Her husband, a jute stower, met her returning home, her clothes dripping with water, and she claimed that the thought of her husband and children had stopped her from carrying out her threat. After a few weeks spent staying with her mother, she seemed recovered, but became ill again the following year after the birth of another child. This time, she was certified insane and spent several months in Dundee District Asylum. She was noted as having been melancholic and to have expressed suicidal tendencies.<sup>98</sup> In 1903, Ann gave birth to another child and suffered no apparent symptoms of mental disorder, and it was not until 1906 that she began to exhibit further signs of 'mental weakness'. Soon after the birth of her son in May of that year, she began to complain of insomnia, and stated that this time she 'would never feel better'. Her husband, sister and a midwife took turns to make sure she was not left alone, and after a few days, Ann's spirits seemed to improve.

At about 5am on the morning of Sunday May 26, Ann woke her husband and told him, 'the bairn's dead, Sandy, I've drowned it'. The dead baby lay face upwards in its

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<sup>97</sup> (NRS) HH17/11: Document marked 'Draft letter for US for S, dated August 5, 1904.

<sup>98</sup> (NRS) HH17/3: Criminal lunatics (Perth) records: A---- or F----, Ann L----, 1906-1925: Copy of precognition, dated August 2, 1906.

cradle, soaking wet. Ann told her husband that she had drowned the child in a tub of water in the hall and said that this was ‘for the best’. Ann was removed to Dundee District Asylum later that afternoon. In this case, there seems to have little debate about Ann’s admission to the asylum, and the discussion was relatively brief:

In a case such as this, where a person is convalescent from an attack of acute insanity, prison cannot be a proper place of detention on account of the great risk of the depressing surroundings doing serious and permanent harm.<sup>99</sup>

Ann’s medical history of repeated attacks of mental derangement following childbirth had provided ample evidence of the recurrent nature of puerperal insanity. By the time she drowned her baby son in 1906, she had had two clear instances of mental illness following childbirth and, despite having given birth to a child with no perceived after effects, she had given her family cause for concern after the birth of the most recent. Her actions in drowning her son seemed to be in opposition to her contented role as wife and mother: she was noted in her precognition as being ‘always very fond of her children and she and her husband appeared to get on very happily together’.<sup>100</sup>

Ann’s case was heard before the Circuit Court at Dundee in July 1906, where it was charged that she ‘did place [her] infant son ... into a tub of water and did murder him’.<sup>101</sup> In the local press, her case was styled ‘The Lochee Child Murder’ in the local papers, although the case does not seem to have been reported much beyond the local area, with only a short report in *The Scotsman* on the proceedings at her trial.<sup>102</sup> The *Dundee Courier*’s report on the outcome of her trial called her a ‘middle-aged Lochee

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<sup>99</sup> (NRS) HH17/3: Memorandum entitled ‘Removal of untried prisoner Ann L---- F---- or A---- to Westgreen Lunatic Asylum’.

<sup>100</sup> *Ibid.*: Copy of precognition, dated 2 August 1906.

<sup>101</sup> (NRS) HH17/3: Indictment.

<sup>102</sup> ‘The Lochee Child Murder Case’. *Dundee Courier*, 26 July 1906: 7; ‘The Lochee Child Murder Case’. *The Scotsman*, 26 July 1906: 4.

woman', while in a very short piece in the *Dundee Evening Telegraph* the previous evening, Ann had been referred to as 'the woman F----,' choosing to refer to her by solely by her maiden name.<sup>103</sup> During proceedings, the *Courier* reporter noted that 'the woman gave ample evidence of her mental derangement', though without going into any detail.<sup>104</sup> Two doctors presented evidence at Ann's trial, one of them a local doctor, Dr Dow, who had previously committed Ann to the asylum, and Dr Templeman, the prison surgeon. Both doctors stated that they 'were quite satisfied that [the] accused was insane' and that she had 'homicidal tendencies' and that 'suicidal tendencies might develop later on'.<sup>105</sup> Dr Templeman was reported as stating that 'the woman was unable to understand that she had done anything wrong, and could not apprehend the nature of the act'.<sup>106</sup>

The Court swiftly reached the decision that Ann was insane and unable to instruct a defence. Following her trial, Ann was removed to the Criminal Lunatic Department in Perth, she continued to display symptoms of derangement:

When admitted she was considered to be "probably of weak mind congenitally" and her history showed her to be "always of peculiar temper and eccentric habits". During her stay here, she has been for considerable periods grossly insane, and has exhibited undoubted suicidal tendencies.<sup>107</sup>

During her time in Perth Prison, Ann's husband repeatedly petitioned for her release. In 1908, he wrote to Dr McNaughton:

I love my wife very much and it pains me to think of her being confined so long where she is. Knowing all about her case from the beginning,

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<sup>103</sup> 'The Lochee Child Murder Case', *Dundee Courier*, 26 July 1906: 7; 'Untitled'. *Dundee Evening Telegraph*, 25 July 1906: 2.

<sup>104</sup> 'A Grave Lochee charge'. *Dundee Courier*, 16 July 1906: 5.

<sup>105</sup> 'The Lochee Child Murder', *Aberdeen Press and Journal*, 26 July 1906: 6.

<sup>106</sup> 'The Lochee Child Murder Case', *Dundee Courier*, 26 July 1906: 7.

<sup>107</sup> (NRS) HH17/3: Note from John Hartnell M.D. Medical Officer, September 1908.

you know she was not responsible for what happened and I think it not right and not Christian like to make her suffer for it now.<sup>108</sup>

In 1911, he appealed again, citing his wife's good character as a 'very industrious and faithful wife and a loving mother' and adding 'it grieves me very much to think that she will not soon get her liberation again'.<sup>109</sup> By 1913, he had enlisted the help of local politician Edwin Scrymgeour, secretary of the Scottish Prohibition Party, who duly wrote to Dr McNaughton attempting to secure Ann's release on account of 'her husband, a very respectable working man' and stressing that Ann's crime had been motivated by 'a temporal derangement of mind at childbirth'.<sup>110</sup> Ann was subsequently transferred to Dundee District Asylum in 1914, but she was not conditionally liberated into the care of her mother until May 27, 1925. Three months after her release, she hanged herself in a washhouse behind her mother's house.<sup>111</sup>

Jane W (1910 - 1929)

Jane W (C1910/D1910) (Figure 5:2, page 269) lived with her husband and two infant children in Links Street, Kirkcaldy, Fife. She was known to be 'quick tempered', and her relationship with her husband was said to be tempestuous.<sup>112</sup> One morning in March 1910, she quarreled with her husband over the mending of a shirt, and left the house with her two children, one, a baby of three months old, in her arms, the other 'trotting along by her side holding her hand'.<sup>113</sup> Later that morning, Jane was found at

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<sup>108</sup> (*Ibid.*: Letter from Alexander A---- to Dr McNaughton, 28 September 1908.

<sup>109</sup> *Ibid.*: Letter from Alexander A---- to Dr McNaughton, April 3, 1911.

<sup>110</sup> *Ibid.*: Letter from Edwin Scrymgeour to Dr McNaughton, August 21, 1913.

<sup>111</sup> *Ibid.*: Letter from Detective Dept, Central Police Office, Dundee, to J Carmichael Esq, Chief Constable, Dundee, dated October 16, 1925.

<sup>112</sup> (NRS) AD 15/10/163: Precognition against Jane N---- W---- for the crime of murder at Mill Dam, west of Beveridge Public Park, Kirkcaldy, Fife: Witness statements.

<sup>113</sup> (DUA) THB 7/8/10/8: 218.



the edge of a pond in Beveridge Park, Kirkcaldy. Her clothes were wet through, and there was no sign of the children. According to her asylum case notes, she stated that:

she had leapt (sic) into the water with a child in each arm. The children sank and she would have gone down too but her shawl kept her afloat. She tried to save them but they had disappeared.

The asylum official further noted:

She is slightly depressed when being questioned about this but not in proportion to what a normal person would be under circumstances.<sup>114</sup>

Jane was initially admitted to Dundee District Asylum and remained there for about a month until her case came to trial. She was noted as suffering from ‘puerperal melancholia’, though the doctor considered that her expression was ‘not so much melancholic as apathetic’, an opinion reiterated when he stated ‘depression is present but it is not marked. She is more apathetic than depressed’. He further noted that ‘there are absolutely no signs of mental exaltation’, and that ‘she has no delusions that can be made out’.<sup>115</sup> Dr Stalker noted that Jane was ‘apparently unaware of the grave nature of her crime and [expressed] no sorrow or emotion when saying how it was done’.<sup>116</sup>

Jane appeared before Perth Circuit Court in April 1910, where two local doctors testified that Jane had been ‘...on the date in question ... suffering from melancholia, and was of unsound mind, and was a fit subject for an asylum, preferably one of the prison asylums’.<sup>117</sup> Press coverage further afield than the Dundee area seems to have been confined to brief reports of the murders and Jane’s hearing in the Edinburgh paper *The Scotsman*, suggesting that the case did not excite much interest outside the local area. *The Scotsman*’s report was a rather less florid paragraph outlining the charge and

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<sup>114</sup> *Ibid.*: 219.

<sup>115</sup> *Ibid.*: 219.

<sup>116</sup> *Ibid.*: 218.

<sup>117</sup> ‘The Mill Dam tragedy - Mrs W---- Certified Insane’. *Fifeshire Advertiser*, 16 April 1910: 10.

result.<sup>118</sup> Coverage in the local papers was more extensive and of a much more sympathetic nature than that which reported on Elizabeth and Ann's trials, with many accounts depicting Jane as much as a victim as the 'two little victims' who had died, and the community in which she lived as maintaining a respectful, dignified and sympathetic presence, with morbid and disrespectful onlookers making only a limited appearance.

In an article entitled 'Kirkcaldy Tragedy', the paper gave a sensitive account of the proceedings, describing how 'the unfortunate woman ... was tenderly led in by Inspector Rhynd, and conducted to her seat in the dock'. The article further observed:

She is a very prepossessing young woman, twenty three years of age, and she was quietly attired in a long cloak and a skirt of navy blue. Round her neck was a brown fur necklet, and she wore a hat trimmed with black ribbon, with a large feather of a similar shade.<sup>119</sup>

The *Dundee Courier* described her as 'a smart good-looking woman of twenty three years of age, whose face was tear stained'.<sup>120</sup> In the dock, Jane was described as being 'downcast and dejected'; as maintaining 'an impassive and even dazed demeanour, failing to realise the gravity of her position'.<sup>121</sup> Jane's arrival in Dundee, on her way to Dundee Prison, 'occasioned a great deal of interest', and the *Fifeshire Advertiser* noted that 'the poor woman ... had to suffer the trying ordeal of meeting many curious glances and hearing many whispered comments'.

Throughout the local newspaper reports, she was referred to as 'poor', 'unfortunate', 'unhappy', or respectfully referred to as 'Mrs W----'. Despite her humble position as the wife of a pottery worker, her clothes and appearance were outlined in detail,

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<sup>118</sup> 'Murder Trials at Perth. The Kirkcaldy case'. *The Scotsman*, 13 April 1910: 11.

<sup>119</sup> 'Kirkcaldy Tragedy'. *Dundee Evening Telegraph*, 1 March 1910: 1.

<sup>120</sup> 'The Kirkcaldy Tragedy', *Dundee Courier*, 2 March 1910: 7.

<sup>121</sup> 'Kirkcaldy Tragedy', *Dundee Evening Telegraph*: 1; 'The Kirkcaldy Tragedy', *Fifeshire Advertiser*: 8.

presenting a respectable and well-dressed image. Her striking looks were no doubt an asset to her in this respect but could just as easily have drawn a less sympathetic response.

Jane W would join Ann A among the ‘King’s Pleasure Lunatics’ detained at His Majesty’s Pleasure in the Criminal Lunatic Department at Perth Prison. They were still there in 1911 when their cases, along with that of a Musselburgh woman, were reported to the Secretary of State for Scotland as the women might now be considered fit for trial. The decision of the Lord Advocate’s office was swift and unequivocal:

The LA [Lord Advocate] is not prepared to put on trial any of the three women now reported sane and all charged with murder. To try them might have an adverse effect on their mental state and trial would in all possibility result in each case in a verdict of insane at the time the crime was committed which would land them back during H. M. Pleasure.<sup>122</sup>

Attempting to bring the women to trial would be expensive, distressing and would furthermore ‘serve no good end and might result in a lapse into insanity’. Dr James Sturrock, successor to Dr McNaughton, expressed his opinion that he had ‘no objection to these inmates being brought to trial other than the purely medical one that they [were] all sensitive impressionable persons whose mental state might be adversely affected by the proceeding’.<sup>123</sup> The final decision not to continue with trial proceedings reflected not only a pragmatic approach in the conservation of court resources, and a positive and sympathetic attitude towards the women, but also an acceptance of the underlying cause of their crimes - a temporary insanity caused by the influence of the puerperal state.

The case of Jane W, and her treatment at the hands of the authorities, illustrates most clearly the link that was then being drawn between childbirth and the murder of her

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<sup>122</sup> (NRS) HH17/114: Criminal lunatics (Perth) records: W---- or P----, Jane N----, 1910-1927: Note from Office of Lord Advocate, dated November 24, 1911.

<sup>123</sup> (NRS) HH17/3: Note from James Sturrock M.D, Perth Criminal Lunatic Department, October 1911.

children. The minutes preceding the Lord Advocate's decision declared Jane's case to be 'another case of puerperal insanity', and by January 1912, less than two years after the murder of her children, discussions were already underway as to how best to manage Jane's release from prison. She was liberated into the guardianship of her husband on June 3, 1912.

*'She will be watched carefully'*

The conditional release of prisoners allowed some Queen or King's Pleasure Lunatics to return to family life, to continue to raise children and function in a relatively normal fashion, albeit under the watchful eye of the authorities. Guardians were issued with a warrant and a monthly schedule, and were required to complete a signed undertaking, agreeing to their responsibilities in the custody of the conditionally released prisoner.<sup>124</sup> They were required to submit regular reports to the authorities, and to keep them closely informed of any changes to family circumstances or daily routine. In most cases, husbands were appointed as guardians, unless this was impossible or undesirable. It was considered inadvisable to release Ann A into the care of her husband because of the possible risk of further pregnancy, and she was given into the care of her mother, a course of action which, given her husband's expressed devotion to her and the unlikelihood of further conception, must have affected them both greatly.<sup>125</sup> When war broke out in 1914, and her husband joined the forces, Jane W's care was handed over to her mother-in-law.<sup>126</sup> Elizabeth B's husband had left Dundee and could not be traced,

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<sup>124</sup> (NRS) HH17/11: Undertaking signed by Mr and Mrs Davidson, dated 17 August 1904.

<sup>125</sup> (NRS) HH17/3: Note from Mr Steel, dated 18 May 1925.

<sup>126</sup> (NRS) HH17/114: Administrative notes.

and therefore her sister and brother-in-law were appointed as guardians, being deemed on inspection to be 'generally suitable' for the role.<sup>127</sup>

Initially, reports were required to be submitted on the first day of every month, by filling in a form which would be sent to the guardian when required.<sup>128</sup> Frequency would be decreased as the prisoner proved their reliability outside of the prison or asylum. In Elizabeth B's case, having been released in September 1904, monthly reports were required until July 1907, when the frequency reduced to quarterly reports, to be reduced further to half yearly reports in May 1912, and finally to yearly reports in February 1917. These reports were interspersed with personal visits by the Medical Superintendent or his representative.<sup>129</sup> On one such visit, in January 1917, Elizabeth's guardian took the opportunity to advocate for an end to her supervision, citing her good conduct and health, and her excellent work record in her job in one of Dundee's jute mills, but also her discomfort at her continuing surveillance:

Mrs B---- continues to enjoy good health; has never been off work and is in continuous employment. Mr Davidson repeats that Mrs B---- is very anxious to be released from future supervision; that the arrival of the periodical report form upsets her a little; and this in view of the excellent health she enjoys and her good record he thinks she ought now to be free.<sup>130</sup>

Guardians were required to inform the authorities of changes of address, and in some cases, premises were inspected before permission was given for the families to move.

When Jane W, her husband and children moved in 1919 into the house occupied by her husband's family, plans of the house had to be submitted and approved in advance.<sup>131</sup>

An inspection was undertaken of Helen R's new accommodation when the family

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<sup>127</sup> (NRS) HH17/11: Prison commissioners' minutes, 5 August 21904.

<sup>128</sup> *Ibid.*: Undertaking signed by Mr and Mrs Davidson.

<sup>129</sup> *Ibid.*: Memo sheet detailing conditional liberation, changes in conditions and reports on conduct.

<sup>130</sup> *Ibid.*: Report of visit dated 24 January 1917.

<sup>131</sup> (NRS) HH17/114: Commissioners minutes 12 September 1914

moved in 1890 from one address in Coupar Angus to another.<sup>132</sup> The inspection of the suitability of accommodation was a requirement common to all persons on conditional discharge under guardianship but, as Andrews argued, the authorities were especially concerned with the cleanliness, hygiene and the ‘quality of companionship’ evident in the living conditions of discharged female prisoners.<sup>133</sup>

In addition, permission had to be sought and granted for the prisoner to take holidays, even with family members. In 1906, Elizabeth B enjoyed a week’s holiday with ‘Mr and Mrs Smith, Kirktonmoor, Eaglesham’, apparently with the knowledge and permission of the authorities.<sup>134</sup> Permission was later denied by the Chief Constable, however, for her to take a holiday in Ferryden, Montrose, as his inspectors felt that limited accommodation, in addition to the illness of one of the family members, made the proposed address unacceptable.<sup>135</sup> Elizabeth and her guardians were caught out, however, by an unannounced visit from the Medical Superintendent in July 1920, when he arrived at the address and found no one at home, and was told by neighbours that the family were on holiday.<sup>136</sup> Helen R’s husband was required to explain his wife’s absence from home in December 1888:

I am asked to explain the circumstances of my wife’s visit to her son’s house. It was merely to give him some help with the setting of his furniture and cleaning of the house a day or two before the marriage at which neither her nor me were at. I am sorry it should have been done, but I was not aware I was doing anything wrong.<sup>137</sup>

The custodial arrangements for conditionally released prisoners were therefore time consuming and intricate, involving a number of agencies and strict maintenance of

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<sup>132</sup> (NRS) HH17/96: Document dated 1 October 1890.

<sup>133</sup> Andrews, ‘The boundaries of Her Majesty’s Pleasure’: 245.

<sup>134</sup> (NRS) HH17/11: Administrative sheet detailing prisoner history, 1904 - 1922.

<sup>135</sup> *Ibid.*: Letter from Chief Constable, dated 18 July 1907.

<sup>136</sup> *Ibid.*: Letter from Superintendent to Commissioner, dated 13 July 1920.

<sup>137</sup> (NRS) HH17/96: Letter from David R---, dated 10 December 1888.

policies. The execution of these various roles was not always cohesive across different agencies. In October 1925, the governor of the prison in Dundee called on Ann A's guardian to enquire why she had not sent in her monthly report - Mrs L---- replied that her daughter had committed suicide the previous month and she had not thought to inform the prison as she had assumed that the police would have already done so.<sup>138</sup>

### *Conditional release and future pregnancy*

Although conditional release was viewed as an opposite solution for some cases, women who had killed their children and had been diagnosed with puerperal insanity were not released without considerable debate. Issues such as the suitability of home and accommodation, and the reliability (and availability) of suitable guardians, and the evidence of the women's continuing mental health, were important factors. Elizabeth G's (C1872) chances of conditional release were presumably further reduced by the disappearance of her husband shortly after her trial, and by his apparent death around 1890.<sup>139</sup> Discussions were, however, largely underpinned by a belief among prison authorities, officials and physicians in a form of insanity brought on by childbirth as the specific and short-term cause of the women's acts. In 1871, James Bruce Thomson had explicitly referred to the possibility of future pregnancies as another reason for the continuing incarceration of puerperal maniacs, noting:

These unfortunates ... are confined during Her Majesty's pleasure; and the doctrine hitherto acted upon is, that these should not be liberated until they have passed the age of childbearing.<sup>140</sup>

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<sup>138</sup> (NRS) HH17/3: Prison note, dated 14 October 1925.

<sup>139</sup> (NRS) HH17/47: Letter from Joseph Smith, Chief Constable of Fife, dated 18 December 1897.

<sup>140</sup> Thomson, 'Criminal Lunacy in Scotland': 21 - 22.

This however was neither logical nor practical, as it would in some cases involve detaining a woman for decades after she had recovered. Jonathan Andrews has claimed that there is little evidence that a strict policy of ‘procreative quarantine’ was ever enforced at Broadmoor or Perth. Nevertheless, concerns about the possibility of future pregnancies, and therefore the possibility of relapse, did form a central part of the negotiations and deliberations over a prisoner’s conditional discharge.<sup>141</sup>

Helen R (C1875) had been detained in the Criminal Lunatic Department at Perth from June 1875 and was ‘liberated into the care of her husband’ in July 1880. She was returned to the prison the following year following another episode of insanity, seemingly unconnected to childbirth, but was considered again for conditional release again in 1886. Helen was at that time around 47 years old, with five surviving children, yet the discussion concerning her conditional release centred around possible future pregnancies and the steps which should be taken in such circumstances. Douglas McLaggan, visiting physician to the general prison at Perth, recommended that:

it should be made a condition that, if she became pregnant, intimation should be made to Dr McNaughton that he may see her rather more frequently than he would in ordinary circumstances do officially, so that he may watch her mental state, and take any steps, such as removing the child from her, which he may deem necessary.<sup>142</sup>

Elizabeth B (C1895/D1895) was 40 years old when she was conditionally released and, though future pregnancies were not entirely out of the question, the subject was not raised in the discussions about her release. This was perhaps more due to the fact that her husband, in the intervening years, had left Dundee and could not be traced, than to a lack of connection between the puerperal state and childbirth.

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<sup>141</sup> Andrews, ‘The Boundaries of Her Majesty's Pleasure’: 230 - 231.

<sup>142</sup> (NRS) HH17/96: Criminal lunatics (Perth) records: R---- or H----, Helen R----, 1875-1907: Note from Douglas MacLaggan, Lunatic Department, Perth Prison.



Ann A (C1906) was aged 27 when she entered Perth Criminal Lunatic Department in 1906 and had had five children. Despite concerns for her general mental health, discussions concerning Ann's condition and her potential release seem to have largely centred on her likelihood of further pregnancies. The prison medical officer, having noted that Ann had suffered from puerperal insanity, wrote in 1908:

The fact that she appears to be sane at the moment does not warrant us in believing that she has recovered her stability sufficiently for her to be allowed back to her former environment. Being still well within childbearing age, she is also prone to further attack, should pregnancy again ensue.<sup>143</sup>

When she was again considered for conditional release in 1925, the subject of possible pregnancy was still seen as potentially problematic:

It is now recommended that [this woman] be conditionally liberated into the care of guardians. Her insanity was due to insanity after childbirth, and as she is still capable of baring (sic) children (though apparently 46 years old) she is not to live with her husband.

A further note stated clear instructions for the conditions of release:

Her act was due to insanity following childbirth. She is still potentially a child bearer, though aged 46, and consequently it is important that she should not have contact with her husband.<sup>144</sup>

In the case of Jane W (C1910/D1910), who was still only 25 when she was considered for conditional release, in 1912, a medical advisor's report, while pronouncing her 'quite fit for liberty', outlined the temporary nature of puerperal insanity but also the inherent problems of the condition with respect to her release:

Early in 1910, she suffered from puerperal melancholia, she made a good and rapid recovery and has been sane since March of that year... But puerperal melancholia is a form of insanity which is apt to recur and

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<sup>143</sup> (NRS) HH17/3: Note from John Hartnell M.D. Medical Officer, September 1908.

<sup>144</sup> (NRS) HH17/3: Document headed US for S, 1925.

there is undoubted risk of her relapsing should she again become pregnant, and repeating the crime should she be imperfectly watched when in that condition.<sup>145</sup>

As a young married woman, Jane was regarded as being more than likely to become pregnant again, and the medical advisor suggested a drastic solution to this problem:

The risk of her again suffering from puerperal insanity could be met by surgical removal of her ovaries and with that done she could be safely liberated. In my opinion, the operation would be quite justified, not as a precaution against future crime but as a precaution against a recurring insanity.<sup>146</sup>

The medical advisor added that such a procedure would have to be carried out with the consent of the woman and suggested that 'if that be found impractical' then she should be liberated under the 'special condition' that she be returned to the Criminal Lunatic Department should she become pregnant. These proposals were not acted upon and by June 1914, Jane had already given birth to a further two children. This raised concern among the prison authorities:

Both husband and wife were told that there should be an interval of at least 2½ years between each child. This must be emphasized to them in order to impress them of its gravity.<sup>147</sup>

No attempt seems to have been made to return Jane to the prison, and the authorities seemed content with the arrangements for her surveillance:

She is expecting to be confined when no doubt she will be watched carefully, as she suffered from puerperal melancholia.<sup>148</sup>

By 1922, Jane had had a further two children, with no further recurrence of mental disorder and no further incident. Meanwhile, Ann was still detained and even when

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<sup>145</sup> (NRS) HH17/114: Report from medical advisor, dated 10 January 1912.

<sup>146</sup> *Ibid.*: Report from medical advisor, dated 10 January 1912.

<sup>147</sup> (NRS) HH17/114: Commissioner's report, dated 13 June 1914.

<sup>148</sup> *Ibid.*: Minutes of meeting dated 12 September 1914.

released conditionally in 1925, she was not permitted to live with her husband on account of the possibility of pregnancy, even though she was by then in her late forties. The possible consequences of childbirth remained a central issue in Ann's case, even though her mental illness was of an evidently of a chronic and long-term nature.

The possibility of future pregnancies was therefore much discussed and may have delayed the discharge of women until they were of an age when further childbearing was at least unlikely, but measures to prevent future pregnancies seem to have gone little further than recommending little contact with husbands. By the time Jane W, a young woman, was facing release, the young couple was sternly advised to limit childbearing, advice they seem to have largely ignored with no real repercussions, either in terms of the state of Jane's mind or in any further restrictions to her liberty. The discussions themselves, however, highlight the assumptions which underlay the decisions relating to puerperal insanity, seeing the condition as distinct from other forms of mental disorder and related entirely to the event of childbirth, rather than seeing the women as vulnerable to mental illness more generally.

### *Final outcomes*

The perceived temporary nature of postpartum mental illness made these women good candidates for this form of supervision, if the possibility of future pregnancy was carefully managed, and the usual nature and character of the women were continually emphasised. When recommending Elizabeth B's release, the inspector noted that Elizabeth's crime 'was not one of violence nor caused or accompanied by drink'.<sup>149</sup> The nature of Elizabeth's illness reflected a confused and melancholic condition caused by exhaustion rather than the sudden onset of mania experienced by Ann, Jane and

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<sup>149</sup> (NRS) HH17/11: Report of visit dated 24 January 1917

Helen, but her loss of interest in her family and her surroundings was nonetheless expressed and handled in similar terms.

The link with childbirth set all four women on similar paths, though they would not all see the same outcome. Ann A spent eleven years in the Criminal Lunatic Department of Perth Prison, and seven years in Dundee District Asylum. The careful consideration which had surrounded her release had concentrated on her likelihood of further pregnancies but had neglected discussion of her general mental health, and apparently did not consider the possibility of suicide.

Helen R was unconditionally released in August 1907. By that time, it was noted that Helen 'was now 68 years of age and continuously at liberty more than 20½ years during which period her conduct and mental state have been reported satisfactorily'.<sup>150</sup> Elizabeth B's surviving children had been boarded out by the Parish Authorities at the time of her committal to the Perth Criminal Lunatic department, though she regained contact with her son.<sup>151</sup> She lived quietly with her sister and brother-in-law until her death in 1934. Jane W remained with her husband and growing family, under the watchful eye of the authorities, until she was unconditionally released on 2 February 1929.<sup>152</sup> Although she had remained within the custodial system for nearly twenty years, she had spent less than two years within the walls of the prison itself. She died in 1961 at the age of 73.<sup>153</sup>

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<sup>150</sup> (NRS) HH17/114: Prison memo, dated 28 August 1907.

<sup>151</sup> (NRS) HH17/11: Report of visit dated 24 January 1917; Letter from Mr and Mrs Davidson, dated 10 July 1920.

<sup>152</sup> (NRS) HH17/114: Administrative files, entry dated 26 January 1929.

<sup>153</sup> (NRS) Statutory registers, index. Deaths in the District of Kirkcaldy, 1961, W--- or P----, Jane N---, aged 73: 442/495. <<https://scotlandspeople.gov.uk>> [Accessed 9/8/2018]

## *Summary*

The cases of Catherine, Bridget, Isabella and Euphemia between 1841 and 1863 caught the public attention and were well reported in *The Courier* and smaller local papers in the Forfarshire and Fife areas. The discussion illustrated a public need to rationalise the women's actions and to find an explanation which would make their crimes somehow 'not murder' – driven out of their minds by cruel treatment and misfortune, the women had succumbed to a natural yet horrible impulse to commit a crime not of their own intention.

Later in the century, by 1875, the connection with childbirth and a defence of puerperal insanity also became a readily accepted explanation for the murder of children by their mother, and the cases of Helen, Elizabeth, Ann and Jane would have been the most public examples of puerperal insanity known and discussed in the local area. Their cases received varying degrees of sympathy and understanding, and the importance of community support is evident in the reception of the women's cases. While Elizabeth, a stranger in the community, was positioned as 'Mad Liza', the well-liked and 'striking' Jane was seen as a helpless victim. The public scrutiny ended however with the women's committal to prison, or to the asylum, and the newspapers said nothing about their release into the hands of their family guardians.

These cases illustrate that, during the course of the nineteenth century, public attitudes in Forfarshire and Fife, as elsewhere, towards women who killed their own children became increasingly sympathetic. They reflect a deeply-held belief that an act such as child murder could not be committed by a rational woman, constituting as it did a complete antithesis to 'natural' female behaviour, fueled the idea that women's minds could give way to temporary madness or 'transient frenzy', sometimes with terrible

consequences. This loss of reason was often seen as rooted in desperation and poverty, particularly in the case of women abandoned by would-be sweethearts.

The cases of married women who killed their children were more difficult to understand, but from the mid-nineteenth century, puerperal insanity began to offer a convenient explanation. As the century progressed, these ideas translated into apparently more and more lenient sentences in child murder cases and, by the end of the century, a plea of temporary insanity on account of puerperal causes was being readily accepted among cases in this area.

Pleading insanity, however, did not mean walking free from the courtroom, and a judgement of diminished culpability due to puerperal insanity was the start of a relationship with the authorities which could last for decades, and usually began with indefinite incarceration in the high security surroundings of the Criminal Lunatic Department at Perth. Puerperal insanity cases raised particular issues for the authorities, being considered at different times unsuitable for admission to a lunatic asylum, as they were criminals, and yet not responsible for their crimes, and therefore not criminals to be kept in a prison. However, the opportunity to regard them as having been temporarily insane allowed their conditional release under carefully monitored conditions, a path which allowed the women to return to their home and family. This underlines the belief in the puerperal insanity diagnosis in legal and popular understandings.





Figure 5:1 Asylum Photograph,  
Elizabeth B (C1895/D1895) THB 7/8/3/8: p. 541  
University of Dundee Archive Services



Figure 5:2 Asylum Photograph,  
Jane W (C1910/D1910) THB 7/8/3/11: p. 218  
University of Dundee Archive Services





## **Conclusion**

This thesis informs our view of women's healthcare and places the lived experiences of women in this Scottish region among the wider research on the history of childbearing-related mental illness. Looking specifically at nineteenth- and early-twentieth-century Dundee, Forfarshire and Fife, I have examined women's experiences through the study of the narratives and discourses that surrounded childbearing-related mental illness. In doing so, this study has placed the lives of women and their families within the frameworks in which these illnesses and disorders were understood. The composition of the Montrose and Dundee asylums, housing both pauper and private patients, allowed a study of patients from different backgrounds within one institution and therefore under one governance. This detailed examination of one specific diagnosis in one region, and the set of associated local understandings, has highlighted specific experiences and events as examples within a wider whole, and allows comparisons between this region and others.

Two distinct but interconnected strands have run through this thesis. In one strand, I examined the medical, official and bureaucratic understandings and discourses surrounding postpartum mental illness, determining changing beliefs and interpretations throughout the research period and between different institutions. The second strand looked at the part postpartum mental illness played in the lives of women and their families, examining the stories told in communities about mental illness, and the sort of treatment and outcomes that women could expect. Together, these strands have focussed on the experiences of the female patient and reveal the network of family, friends, community, professionals and officials providing her with some manner of healthcare.

*Childbirth and insanity: Knowledge and narratives*

Nineteenth-century physicians at Dundee and Montrose both acknowledged and understood symptoms of childbearing-related mental illness, and regularly assigned childbirth, lactation and pregnancy as the cause of insanity. However, childbirth was not simply a convenient signpost, among other reproductive milestones, an easy peg on which to hang a mental disorder - such an interpretation would ignore the genuine and specific symptoms that women experienced, and their evident observation and interpretation by officials and physicians. The reality of dealing with mental illness was more complex, as women were admitted displaying genuinely distressing behaviours and symptoms, for which they received relatively sympathetic and constructive treatment. This bears out Nakamura's assertions that Victorian doctors were aware of the complexity of physical, emotional and social influences to which women were subject and, while disturbed and shocked by women's actions, responded to these with an explanation and regime that made sense to them.<sup>1</sup>

While 'puerperal insanity' may have been the nineteenth-century diagnosis of mental illness associated with childbirth, the term was not in use uniformly across all institutions throughout the century. This study has demonstrated that there were different patterns of use of the specific puerperal insanity diagnosis, with the asylum at Montrose taking rather longer to adopt the regular use of this diagnostic term. This may have been due to a number of factors, including the outlying position of this asylum. The population of the Montrose asylum seems to have been worlds apart from the genteel surroundings in which Robert Gooch, who we first encountered in the Preface to this thesis, explored and explained the condition that was puerperal insanity. It may

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<sup>1</sup> Lisa Ellen Nakamura. 'Puerperal Insanity. Women, Psychiatry and the Asylum in Victorian England 1820 - 1895' (unpublished PhD thesis, University of Washington, 1999): 300.

have been that the Montrose physicians and officials were dealing with more mundane matters and were less concerned with applying medicine according to textbook practice. The day-to-day running of the asylum and the processing of patients may have left little time to debate fashionable ideas about mental illness. By contrast, the asylum at Dundee, also a busy and often overcrowded asylum treating high numbers of pauper patients, was relatively quick to adopt the use of the diagnosis. It is clear also that puerperal insanity was still a term in common use within the Dundee asylum well into the 1920s. As we have seen, Montrose, during the mid-nineteenth century, saw a succession of Medical Superintendents come and go, while the Dundee asylum enjoyed relatively stability in this respect throughout the nineteenth century. The evidence from the reports and case notes examined in this thesis suggests that the influence of key players, and in particular the interests of the Medical Superintendents, was a significant factor in the adoption of the diagnosis, and the differences in management at the two asylums would have therefore impacted on diagnoses during that period.

The eventual adoption and frequent use of the term was also in many ways due to changing educational parameters and increased connectivity between asylums. A gradual consolidation of ideas surrounding the term and diagnosis and increased recording of a specific condition was possibly also driven by increased bureaucratic processes requiring a definitive diagnosis to be entered into registers and case note formats. Discussions and deliberations on the subject saw puerperal insanity emerge as a specific diagnosis from existing understandings of childbirth-related mental illness. This thesis has demonstrated that there was an understanding of childbearing-related mental illness in both asylums throughout the nineteenth century, irrespective of the varying use of the puerperal insanity label.

Descriptions of the behaviours associated with the cases directly diagnosed by Dundee and Montrose physicians as suffering from puerperal insanity bear out Hilary Marland's claims that the diagnosis was largely interpreted and constructed according to contemporary concerns about the dangers of childbirth, concern about women's bodies and minds, and the importance of motherhood in Victorian society.<sup>2</sup> The behaviours associated with puerperal insanity, where more direct reference was made to that diagnosis, were reported along the same lines as Marland's studies and largely reflected middle-class ideals. The rejection of home and family, dislike of husbands and children, and the inability to attend to domestic affairs were all frequently foregrounded in cases of puerperal insanity. The apparently selective use of the diagnosis also bears out Catherine' Quinn's hypothesis that women who were willing to conform to middle class ideals were more likely to be regarded as sufferers of this largely short-term form of insanity.<sup>3</sup> Middle-class values were often projected onto working-class women for whom those ideals would be meaningless, and the decisions made about the treatment and cure of these patients often aimed towards an unlikely outcome.

Despite the influence of the male superintendent, the asylum regime was not wholly driven by male officials, as female members of staff had a significant input. Much of the patient case note content was based on the reports and judgements of female attendants. While they did not write the case notes themselves, their observations and judgements of the patients themselves represents active involvement in the construction of the women's illnesses, which would have influenced decisions about treatment, recovery and discharge. While it is impossible to gauge the extent to which their input

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<sup>2</sup> Hilary Marland. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Palgrave Macmillan, 2004: 1 - 27.

<sup>3</sup> Catherine Louise Quinn. 'Include the Mother and Exclude the Lunatic: A Social History of Puerperal Insanity c. 1860 – 1922' (unpublished PhD thesis, University of Exeter, 2003): 154.

governed diagnoses and interpretations, this hidden hand in the asylum case notes cannot be dismissed.

The second strand of this thesis has uncovered an understanding of childbirth-related insanity among families, community and friends. I have identified a lay understanding and accepted discourse which guided the ideas and actions of friends, family and community in dealing with the problems associated with mental illness among women at this time. Their knowledge of postpartum mental illness was built on a collaboration of medical knowledge, acquired through interactions with the agents of the healthcare system, and 'homespun' ideas and understandings. I found that families usually attempted to care for women initially in their own homes and had access to some medical help. Often however this meant that they simply struggled on with patient care until the women's behaviour became unmanageable, dangerous or too public. Families, close relatives and neighbours recognised and believed that childbirth could trigger these symptoms and behaviours. Women were supported by their families, who interacted with the doctors and were consulted in the treatments their relatives were given, making them active consumers of healthcare. They could be instrumental in having the women committed to the asylum, but also in their discharge. Women were not routinely put away or shut up for eccentricities, and their stays in asylums and hospitals were often to their benefit and delivered as near as was possible the healthcare they needed. Asylum care was expensive, however, in comparison with other means of care, and some women were subject to the financial decisions of authorities of parish councils and poor boards.

Women's experience within the asylum was dependent on how the asylum physicians understood the conditions they witnessed and how they chose to treat them.

Throughout the century, physicians were active in developing treatments and cures, mainly using the tools and techniques they used for other illnesses - experimenting with phrenology, shock treatments such as showers, physical treatments and a range of medications. Mostly, however, they tried to address the physical problems the women presented them with, which ultimately meant that the women received positive practical medical care and nourishment, which in many cases was exactly what they needed. For the women themselves, this meant that they received a reasonable level of care within the asylum. Although useful medication was limited, admission to the asylum often facilitated a return to physical health which impacted positively on mental health. Treatment did not vary significantly between social classes, though levels of accommodation varied according to ability to pay. These findings indicate that in these respects, the regime and treatments offered in these asylums did not differ greatly from those of other asylums in Britain, as outlined by Hilary Marland and others.

In both strands of the discussion, this thesis has in addition developed existing research on cases of child murder connected with childbearing-related mental illness. In reviewing the impact of increased use of the puerperal insanity diagnosis in Scottish courts, the outcomes for the women involved and the attitudes of the wider community, this thesis has taken the discussion beyond the acquittal of women charged with killing their children. Previous research has focussed on the debate and legislative foundations of the women's acquittal, and these verdicts, or the decision not to proceed to trial, do indeed illustrate the extent to which the puerperal insanity diagnosis provided 'verifiable scientific facts' in legal cases.<sup>4</sup> The women were not, however, getting away with murder, and were often faced with life under medical supervision, although little

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<sup>4</sup> Shelley Day Sclater. 'Infanticide and Insanity in 19<sup>th</sup> Century England'. In Ebtehaj, Fatemeh. *Birth Rites and Rights*. Hart Pub., 2011.

research has been done on their subsequent fates. I examined how the cases of a small number of women who had committed child murder in Scotland around the turn of the twentieth century were treated sympathetically and constructively under a custodial scheme which placed the woman in the guardianship of family and relatives. This allowed a high level of freedom, and a return to family life, within a system underpinned by a belief in the temporary nature of puerperal insanity and the causal effect of childbirth on mental incapacity, well into the twentieth century. By looking at what happened to these women, the arrangements made by the authorities for their detention and often for their subsequent release, this thesis has examined the impact on the women, their families and friends and the local community.

#### *Mothers and mental illness in the twentieth century*

Nineteenth-century ideas about childbearing-related mental illness seem to have cast a long shadow over the twentieth century. Mid-twentieth-century descriptions of women suffering from postpartum mental illness enshrined similarly gendered ideas on women's roles and attitudes to motherhood to those expressed mid-nineteenth century. By then, the threat to the role of motherhood was the 'career type of person'; the woman who would not be satisfied with the role of wife and mother.<sup>5</sup> Ideas surrounding hereditary influence and patient character, prominent in the second half of the nineteenth century, shifted focus on the causality of puerperal insanity to vulnerability by 'a certain kind of woman'.<sup>6</sup> This tendency was still visible in the mid-twentieth

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<sup>5</sup> K.M.L. Steele, and M.L. Manfreda. *Psychiatric Nursing*. F. A. Davis Co., 1959: 323 -24.

<sup>6</sup> Marland, *Dangerous Motherhood*: 207.



century, with medical professionals agreeing that sufferers were usually ‘withdrawn, stubborn, negativistic’ women who had ‘a basic personality abnormality’.<sup>7</sup>

Women continued to be routinely separated from their babies and children until well into the 1960s, though changes in policy began to be made in the 1940s and 50s.<sup>8</sup> Concern about the safety of children whose mothers were suffering from postpartum disorders may have been one reason for this, and possibly also the idea that the mother’s hostility towards the child was actually one of the causes of her illness. In addition, before the establishment of mother and baby units, women were often treated in general psychiatric wards, deemed unsuitable for babies and children, though babies were also taken away if a woman was being treated at home. By the 1960s, however, a growing belief in the negative effects of separating a woman from her baby had led to the gradual emergence of facilities offering residential care to women along with their babies.<sup>9</sup>

Over the first half of the twentieth century, mental illness associated with childbirth became gradually subsumed within other frameworks, and the existence of puerperal insanity as a distinct disease was called into question. In particular, from early in the twentieth century, Emil Kraepelin’s classification of mental diseases according to prognosis rather than physical state had proved especially damning and consigned mental illness related to childbirth to the shadows - what psychiatrist Ian Brockington has referred to as ‘Kraepelinian blight’.<sup>10</sup> By the middle of the twentieth century, the subject of ‘postpartum reactions’ had slipped from official classifications, though it

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<sup>7</sup> Steele and Manfreda, *Psychiatric Nursing*: 323.

<sup>8</sup> Claire Chatterton and Ann Mitchell. ‘Women with Postpartum Psychosis and Their Babies: Then and Now.’ *Bulletin of the UK Association for the History of Nursing*, 7 (2019): 69.

<sup>9</sup> L.M. Howard, ‘The Separation of Mothers and Babies in the Treatment of Postpartum Psychiatric Disorders in Britain 1910 - 1960.’ *Archive of Women’s Mental Health*, 3, no. 1 (2000): 1 - 5.

<sup>10</sup> Marland, *Dangerous Motherhood*: 203; Ian Brockington. *The Psychoses of Menstruation and Childbearing*. Cambridge University Press, 2017: 15.

appeared briefly in textbooks.<sup>11</sup> Women suffering from postpartum conditions were as likely as others to be treated with a growing range of anti-depressants and tranquilisers, as well as physical treatments such as electro-convulsive therapy (ECT).<sup>12</sup> The continuing prevalence of Kraepelinian classification has made the existence of childbearing-related mental illness difficult to trace throughout the twentieth century and continues to do so.<sup>13</sup>

### *Beyond puerperal insanity*

It can be argued that there has been little progress to date in determining the causes of postpartum depression and psychosis. Mental illness following childbirth has a long history, and our understanding has changed according to social circumstances and dominant medical frameworks, as has the way in which postpartum mental illness has fitted into our lives. Puerperal insanity is only one term which has been used to describe mental illness after childbirth - it does not mean the same as the labels we currently use to describe similar condition, though the core reality is the same. Nor were nineteenth-century understandings of the term simple and consistent, either across the period during which it was in use not across different regions, asylums and communities.

I have attempted here to move the discussion beyond debates about puerperal insanity diagnoses. The thesis looked instead at wider beliefs about a link between childbirth and mental illness and assessing what this meant for the female patient at the centre of the illness. This approach has been useful in uncovering the lived experience of mental illness experienced in the postpartum period, how women were cared for and

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<sup>11</sup> Steele and Manfreda, *Psychiatric Nursing*: 323 (footnote).

<sup>12</sup> Chatterton and Mitchell, 'Women with Postpartum Psychosis and Their Babies: Then and Now': 68.

<sup>13</sup> Brockington, *The Psychoses of Menstruation and Childbearing*: 366.

how their illnesses were managed, and about the narratives and beliefs associated with childbirth and motherhood. The use of a particular term, circulated and approved among the medical elite, enabled physicians to vocalise and categorise ideas surrounding individual patients, and gave them and the women power to rationalise and explain their behaviours and actions. This thesis has demonstrated that treatment of postpartum mental illness in nineteenth-century and early twentieth-century Scotland was more complex than the adoption of one specific diagnostic label, and that understandings of such conditions were more nuanced and fluid. The demise of this diagnostic term did, however, effectively end, or at least pause, the conversation about postpartum mental health and the well-being of new mothers until, arguably, the beginning of the twenty-first century.

Today, in the United Kingdom, it is estimated that postpartum depression affects around ten to fifteen women to every hundred births, and postpartum psychosis occurs in about one in one thousand women who have a baby, while worldwide, some estimates suggest that one in five childbearing women are affected by some form of postpartum mental disorder.<sup>14</sup> Given the fact that many women hide their symptoms and families cope as well as they can, these figures are likely to be underestimates. The last few years have again seen a growing interest in these conditions, but there is still a perception that postpartum disorders are underrepresented, misunderstood, and still shrouded in stigma. When British journalist and broadcaster Louis Theroux announced early in 2019 that he would be tackling the subject of postpartum psychosis as one of his high-profile documentaries, the announcement was met with widespread enthusiasm, with individuals and organisations welcoming the support of someone ‘so

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<sup>14</sup> Royal College of Psychiatrists. *Postpartum Psychosis: Severe mental illness after childbirth*. November 2018. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/postpartum-psychosis> [Accessed 11/4/19]; World Maternal Health Day <https://wmmhday.postpartum.net>. [Accessed 11/4/19]

influential' in highlighting the issue.<sup>15</sup> Theroux himself enthused about the opportunity to bring awareness to a subject that most people knew little about.<sup>16</sup> In addition, a growing voice is expressing the problems faced by men, exploring the mental health issues faced by new fathers, potentially moving the conversation away from traditional expectations of motherhood and biological maternal associations to a wider view which encompasses the whole family.<sup>17</sup>

This concentration on the extreme, the newly uncovered, the unexpected and the quirky nevertheless continues to divert attention from the vast number of women whose emotional wellbeing is affected by the birth of a baby, but whose condition is not considered severe enough to merit any form of treatment, or whose suffering is not noticed. The experiences of such women in the past have inevitably been missing from official documents and statistics. I have tried to uncover the lived experiences of women in this thesis, to look at the healthcare and support systems available to women, and how they were treated by judicial authorities, and to uncover the understandings and narratives which surrounded childbearing related mental illness. I hope, by shedding light on the experiences of women and their families in the past, that this thesis can contribute to the ongoing conversation about mental illness and parenthood in the present.

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<sup>15</sup> Louis Theroux (@louistheroux). 'New documentary coming to BBC2 in May RT: [https://www.stylist.co.uk/long-reads/lou ...](https://www.stylist.co.uk/long-reads/lou-...) via @stylistmagazine' 20 March 2019, 1.20pm. Tweet and subsequent thread. [Accessed 11/4/19]

<sup>16</sup> Sarah Biddlecombe. 'Exclusive: Louis Theroux Reveals Everything You Need to Know About his Powerful New Documentary.' *The Stylist* (2019). <https://www.stylist.co.uk/long-reads/louis-theroux-interview-documentary-mothers-on-the-edge-postpartum-psychosis/257341> [Accessed 11/4/19]

<sup>17</sup> Paula Coccozza. 'Men Get Postnatal Depression, Too.' *The Guardian*, 4 September 2018. <https://www.theguardian.com/society/2018/sep/04/fathers-men-get-posnatal-depression-too> [Accessed 4/9/19].



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Appendix A - Table A1: Montrose Asylum, Patients Admitted with a Connection with Childbirth 1840 - 1860  
(See page xv for an explanation of these tables and the codes identifying the women in the text).

	Patient	Year of Admission	Admissions Information				Approx. Length of Stay	Cause/Form of disease noted in Case Book	Notes/Comments
			Form or Cause	Age	Private	Pauper			
1	Isabel S Widow Arbroath	1842	'With child to a young man'	37		✓		Case notes not available	Pregnant
2	Janet R Marital status not noted Dundee	1842	'Puerperal state' 'Birth of last child'	50		✓		Case notes not available	
3	Susannah S Married Benholm	1843	'Puerperal and vexation'	24		✓	25 years	'Shortly after accouchement became deranged'	Died (in the asylum)
4	Ann M Married Montrose	1846		32			6 months	'...beginning of illness dated from the time she was last confined'	Discharged, convalescent
5	Isabella G Married Inverkeillor	1846		36			3 ½ years	'Gave birth to a child about 14 weeks ago and has not been altogether the same person since.'	Died
6	Mary S Married Montrose	1847		37			15 years		Child 'at the breast' Died
7	Elizabeth M Married Tealing	1849		28		✓	2 months	'Prolonged lactation'	Discharged, cured

8	Elizabeth L Married Brechin	1849		35		✓	3 months	'Had a child in November and commenced to weave in about a fortnight'	
9	Helen W Married Glamis	1854		32		✓	29 years		Child of three months Died
10	Ann C Single St Vigeans	1854		34		✓	31 years	'Rather depressed since the birth of her child'	Died
11	Mrs L Married	1854/5		36				'Indicated illness after birth of last child'	
12	Mary S Married Montrose	1855		32		✓	16 months		Child of two months Discharged, cured
13	Mary C Married St Vigeans	1855		42	✓		1 year		Child of three months Discharged, cured
14	Ann B Married Dundee	1855		36	✓		5 years		Child of four months Died
15	Barbara H Married Birse	1855		40		✓	10 months		Insane since child was six months Discharged, improved

16	Euphemia B Single Aberdeen	1856		20		✓	18 months		Miscarriage Removed
17	Ann C Married Inverness	1856		32		✓	5 months		Child of three months Discharged, cured
18	Margaret S Married Montrose	1856		28		✓	2 months	'The exciting cause is supposed to be the puerperal state'	Discharged, cured
19	Janet W Married Banff	1856		33		✓	6 months		Child of four months Discharged, cured
20	Margaret R Married Dundee	1857		33		✓	6 months	'Nursing may have been the cause of the present attack'	Discharged, cured
21	Catherine C Married Montrose	1857		38		✓	2 months	'The exciting cause is supposed to be confinement 3 months ago'	Discharged, improved
22	Mary J Married Dundee	1857		22			2 months		'Had a child 8 weeks ago' Removed
23	Margaret W Married Forfar	1857		35		✓	9 months		'Gave birth to a male child May 1857' Discharged, recovered

		1858		36		✓	4 months		
24	Janet L Single Montrose	1857		20		✓	-	'Excitement of childbirth'	
25	Jane R Widow Dundee	1857		40		✓	3 years	'Previously admitted to Dundee Royal suffering from insanity following childbirth'	Died
26	Mary H Married Marykirk	1857		40		✓	4 months		'Not so well since the birth of her last child' Discharged, recovered
		1858		41		✓	4 months		Discharged, improved
27	Marjorie W Married Arbroath	1857		28		✓	-		12 months insane, youngest child 6 months
28	Helen W Married Forfar	1858	'Prolonged lactation'	34		✓	16 months	'She has suckled a child for 17 months and only ceased to do so 10 weeks ago when she became insane'	Discharged, recovered
		1860		37		✓	2 ½ years		Died

29	Jane M Married Fetteresso	1858	'Form: Melancholy (3 months); Supposed cause: Childbirth'	36		✓	6 months	'Childbirth is the alleged cause of her insanity'	
30	Mary S Marital status not noted Forglen	1858	'Form: Suspicious; Supposed Cause: Fright during childbirth'	32		✓	7 years		Transfer from Dundee, existing condition
31	Janet W Married Cupar	1858	'Form: Monomania of pride; Supposed Cause: Childbirth (5 years)'	31		✓	> 6 years		Transfer from Dundee, existing condition
32	Margaret B Married Inverkeillor	1859	'Supposed Cause: Childbirth (2 weeks)'	22		✓	4 months	Case notes not available	Petition for admission: 'Childbed condition'
33	Jane W Married Banff	1859	'Form: Mania; Supposed Cause: Childbirth'	25		✓	11 months	'... gave birth to a child six weeks ago ... symptoms of "puerperal mania" appeared in a month thereafter'	Discharged, cured
34	Helen J Marital status not noted Aberdeen	1859	'Supposed Cause: Childbirth'	29		✓	5 months	Case notes not available	Petition for admission: 'depression of spirits following childbirth' Died
35	Jean T Married Coull	1859	'Supposed Cause: Nursing (5 months)'	30		✓	10 months	'This is a case of puerperal insanity'	Petition for admission: 'Nursing' Removed, not cured
36	Isabella B Married Broughty Ferry	1860	'Supposed Cause: Pregnancy (6 weeks)'	39		✓	15 months	Case notes not available	Died



Appendix A- Table A2: Dundee Asylum, Patients Admitted with a Connection with Childbirth 1840 - 1860

	Patient	Year of Admission	Admissions Information				Approx. Length of Stay	Cause/Form of disease noted in Case Book	Notes/Comments
			Form or Cause	Age	Private	Pauper			
1	Mary B Married Dundee (belonging to Dunfermline)	1838	Puerperal state	43		✓	14 months	Mania, puerperal	Discharged, cured
		1840	'Not stated'/hereditary	45		✓	1 month	Case notes not available	Died
2	Christian A Single Crail	1838	Hereditary, hope deferred, disappointed love	30		✓	5 months	Mania	Discharged, cured
		1843	Parturition, childbirth	34		✓	11 months	Mania	Discharged, cured
3	Elizabeth S Married Monikie	1840	Typhus fever	33		✓	5½ months	'delivered in the persistence of the fever'	Discharged, cured
		1853	Childbirth	47		✓	7 months	Mania	Notes: 'The malady has come on during nursing' Discharged, cured
		1858	'Not known'	52		✓	4 months	Acute mania	Discharged, cured

4	Elizabeth D Married Dundee	1840	Excessive suckling & deficient nourishment	37		✓	5½ months	Case notes not available	Discharged, cured
5	Janet S Married Broughty Ferry	1841	Puerperal state & hereditary	31		✓	4 months	Case notes not available	Discharged, cured
		1855	Grief	45		✓	4 months	Melancholia	Discharged, cured
6	Helen L Single (first ad) then Married Dundee	1833	Parturition	25		✓	6 months	Puerperal mania	Discharged, cured
		1841	Having caught cold soon after delivery & hereditary	32		✓	3 months	Case notes not available	Discharged, cured
		1851	Childbirth	42		✓	1 year	Puerperal mania and dementia	Discharged, cured
7	Ann M Married Dundee	1842	Lactation	40		✓	4 months	Case notes not available	Discharged, cured
8	Jane R Married Dundee	1844	Lactation	27		✓	9 months	Mania	Notes: Excessive suckling Discharged, cured

		1846	Predisposition from previous attack	28		✓	5 months	Mania	Discharged, cured
		1848	Predisposition from previous attack	30		✓	10 years	Mania	Removed to Montrose Royal Lunatic Asylum
9	Christian S Married Coupar Angus	1845	Childbirth	44	✓		5 weeks	Mania, puerperal	Discharged, cured
10	Janet D Married Barry	1845	Childbirth	25		✓	3 months	Hypomania	Notes: "The immediate cause of this attack is childbirth" Not first attack but first admission to Dundee Lunatic Asylum Discharged, cured
		1867	Not known	47	✓		3 months	Case notes not available	Discharged, cured
		1868	Not known	48		✓	5 months	Mania	Discharged, cured
11	Janet B Married/ Widowed Dundee	1846	Childbirth	38		✓	3 months	Hypomania	Discharged, cured

		1846	Predisposition from previous attack	38		✓	2 months	Case notes not available	Discharged, cured
		1879		71	✓		3 years 4 months	Dementia	Died
12	Margaret B Married Dundee	1847	Nursing	36		✓	3 months	Dementia	Notes: "Nursing the last child is the only cause stated" Removed by husband
13	Jane S Married Dundee	1847	Childbirth	33		✓	4 months	Mania, puerperal	Discharged, cured
14	Marjory W Married/Widowed Dundee	1848	Lactation	27	✓		5 months	Monomania, melancholia, panaphobia	Discharged, cured
		1869	Melancholic, Anxiety	50	✓		11 months	Melancholia	Discharged, cured, but returned within a fortnight and then removed to Royal Asylum of Montrose 1869
15	Mary D Married Mains and Strathmartine	1848	Lactation	54		✓	4 months	Monomania	Notes: "Nursing when have starved is stated to be the case" Discharged by desire of parish

16	Jane N Married Dundee	1849	'Unknown'	32		✓	3 months	Mania	Discharged, cured
		1850	Fright	33		✓	8 months	Dementia	Notes: "It was puerperal mania at the commencement" Discharged, cured
17	Jean R Married Dundee	1849	Childbirth	19		✓	5 months	Mania, puerperal	Discharged, cured
18	Margaret R Married Liff and Benvie	1849	Childbirth	31		✓	2 months	Puerperal mania	Discharged, cured
		1850	Childbirth	32		✓	5 months	Melancholia	Discharged, cured
19	Magdalene M Married Dundee	1850	Childbirth	32	✓		7 weeks	Puerperal mania	Discharged, cured
		1855	Childbirth	36	✓		8 months	Puerperal mania	Discharged, cured
		1856	'Not known'	37	✓		39 years	Chronic mania	Died

20	Hannah B Married Dundee	1851	Childbirth	28		✓	2 months	Puerperal mania	Discharged, cured
21	Isabella S Married Forfarshire (Dundee relations)	1851	Childbirth	41	✓		10 months	Acute mania	Discharged, cured
22	Marjorie F Married Forfarshire (Dundee relations)	1852	Childbirth	33	✓		2 months	Puerperal mania	Discharged, cured
23	Euphemia Y Married Glamis	1853	Childbirth	35		✓	3 months	Melancholia	Notes: Illness “aggravated since pregnancy” Discharged, cured
24	Janet W Married Cupar	1853	Childbirth	26		✓	4½ years	Puerperal mania	Removed to Royal Asylum at Montrose in 1858, still an inmate there in 1864 (Case notes)
25	Mary L Single Dundee	1853	Disappointment	21		✓	6 months	Acute mania	Discharged, cured
		1859	‘Not known’	26		✓	7 years	Puerperal mania	Removed, relieved, to Lunatic Ward of Dundee East Poorhouse

26	Margaret C Married Forfarshire (Monifieth relations)	1853	Childbirth	26	✓		3 months	Puerperal mania	Discharged, cured
27	Sophie F Married Forfarshire (Dundee relations)	1854	Childbirth	29	✓		6 months	Puerperal, melancholia	Removed by her husband, cured
28	Mrs Nicol M Married Kinfauns (Dundee relations)	1854	Puerperal causes	36		✓	5 months	Melancholia	Discharged, cured
29	Mrs Robert C Married Cupar	1854	Acute Mania	35		✓	2 years	Fright/Dementia	'The child was weaned two months ago and the malady appeared four months ago' Removed, not improved
30	Mary S Married Dundee	1855	Mania	29	✓		3years	'Fright during childbirth'	Youngest child five months old - 'malady came on four months ago' Removed, not improved, to Montrose Royal Lunatic Asylum in 1858
31	Ann C Married Forfarshire (Dundee relations, Nethergate)	1858	Childbirth	30	✓		34 years	Dementia	Died

32	Jane H Married Forfar	1859	Unknown	31		✓	4 months	Melancholia suicidal	Four-month-old child, insane 5 weeks having had a previous attack 15 weeks ago. Discharged, recovered
33	Margaret P Married Dundee	1859	Unknown	44		✓	4 months	Melancholia	Notes: "Had a child 3 months ago stillborn, supposed cause of illness" Discharged, cured
34	Agnes B Married Dundee	1860	Unknown/Puerperal Mania	28		✓	3 months	Puerperal mania	Discharged, improved
		1863	Childbirth/Mania	31		✓	19 months	Case notes not available	Removed to Lunatic Ward of Dundee East Poorhouse
35	Catherine O Married Dundee	1860	Puerperal mania/grief	39		✓	33 years	Puerperal mania	Died



Appendix A - Table A3: Montrose Asylum, Puerperal Insanity Patients 1890 – 1910

	Patient	Year of Admission	Admissions Information				Approx. length of stay	Case Notes/Comments
			Form and Cause	Age	Private	Pauper		
1	Elizabeth T Married Arbroath/Edinburgh	1890	Form: Melancholia Cause: Puerperal debility	33	✓		5 months	Discharged, relieved
2	Mary T Married Montrose	1890	Form: Mania Cause: Parturition	29	✓		1 month	Discharged, recovered
3	Elizabeth R Married Forfar	1888	Name: Puerperal weakness Form: Mania Cause: Childbirth	35		✓	3 weeks	Discharged, recovered
		1890	Name: Cardiac Disease Form: Mania Cause: Unknown	37		✓	5 days (Died)	Pregnancy noted as cause
4	Helen O Married Tannadice	1890	Form: Puerperal mania Cause: after childbed	32		✓	3 months	Discharged, recovered
5	Betsy Ann M Single Montrose	1891	Form: Melancholia Cause: Childbirth	25		✓	1 year	Discharged, recovered
		1892	Form: Dementia Cause: Unknown	25		✓	6 years	'Previously childbirth' Discharged, relieved

6	Eliza I Single Lerwick	1891	Form: Dementia Cause: Unknown	34		✓	23 years (Died)	'Childbirth'
7	Jessie W Married Forfar	1891	Name: Anaemia Form: Puerperal melancholia Cause: Unknown	32		✓	15 months	Discharged, recovered
8	Jane C Married Sandwick, Dunrossness	1891	Form: Puerperal mania Cause: Unknown	23		✓	20 months	'Lactation' Discharged, relieved
9	Maria C Married Arbroath	1892	Form: Acute mania (puerperal) Cause: Childbirth	24		✓	6 months	'Childbirth' Discharged, recovered
10	Clementine S Married Letham	1892	Form: Acute Mania (puerperal) Cause: Unknown	21	✓		16 days	Discharged, recovered
		1892	Form: puerperal mania Cause: Domestic troubles and childbirth	21	✓		4 months	Discharged, recovered
11	Mary B Married Benholm	1892	Form: Puerperal Mania Cause: Childbirth	37		✓	3 months	Discharged, recovered
12	Barbara G Single Lerwick	1892	Name: Anaemia Form: Melancholic Cause: Unknown	19		✓	14 months	'Childbirth' Discharged, recovered

13	Margaret W Married Fetteresso	1892	Form: Puerperal melancholia Cause: Unknown	34		✓	2 months	'Lactation' Discharged, recovered
		1895	Form: Puerperal melancholia Cause: Unknown	36		✓	3 months	Discharged, recovered
14	Betty B Married Brechin	1893	Name: Cardiac disease Form: Puerperal Melancholia	26		✓	4 months	Discharged, relieved
15	Catherine S Married Brechin	1893	Name: Anaemia Form: Insanity of Lactation Cause: Unknown	37		✓	13 days (Died)	'Lactation'
16	Elizabeth C Married Stirling	1888	Form: Melancholia Cause: Childbirth	31		✓	5 months	Discharged, recovered
		1893	Form: Puerperal mania Cause: Childbirth	37		✓	4 months	Discharged, recovered
17	Margaret G Married Bressay	1893	Name: Anaemia Form: Puerperal mania Cause: Childbirth	46		✓	2 months (Died)	
18	Grace L Married Dunrossness	1893	Form: Puerperal Melancholia Cause: Unknown	26		✓	4 years (Died)	
19	Ann B Married Kirkwall	1893	Form: Puerperal melancholia Cause: Unknown	32		✓	14 months	Discharged, recovered

20	Jessie W Single Banchory/Portlethen	1893	Form: Puerperal mania Cause: Puerperal condition	27		✓	3 months	Discharged, recovered
		1902	Name: Phthisis Form: Mania Cause: Unknown	36		✓	11 days (Died)	
21	Ellen S Married Wick	1893	Form: Puerperal melancholia Cause: Unknown	27		✓	2 months	Discharged, recovered
22	Barbara W Single Glasgow	1893	Name: Epilepsy Form: Puerperal mania Cause: Childbirth	28		✓	7 years	Removed to Elgin Asylum
23	Margaret M Married Strachan	1895	Form: Mania Cause: Unknown	23		✓	3 months	Discharged, recovered
		1902	Form: Puerperal mania Cause: Puerperal	24	✓		7 years (Died)	
24	Agnes D Single Breachin	1894	Form: Melancholia Cause: Puerperal Mania	30		✓	4 months	Discharged, recovered
25	Patient details restricted	1894						
26	Flora C Married Thurso	1894	Form: Mania (puerperal) Cause: Unknown	34		✓	9 months	Discharged, recovered

27	Ann Jane H Married Dunrossness	1894	Form: Mania (puerperal) Cause: Childbed delirium	26		✓	5 months	Discharged, recovered
28	Agnes M Married Forfar	1894	Form: Puerperal Mania Cause: Unknown	29		✓	8 months	Discharged, recovered
29	Helen R Married Monmuir	1894	Form: Puerperal melancholia Cause: Childbirth	41		✓	3 months	Discharged, recovered
30	Jessie D Married Kirkwall	1894	Form: Puerperal mania Cause: Abortion	28		✓	16 months	'Miscarriage' Discharged, relieved
31	Patient details restricted	1894						
32	Johan M Married Reay	1895	Form: Puerperal melancholia	32		✓	11 months	Discharged, recovered
33	Mary M Married Edinburgh	1895	Form: Puerperal melancholia Cause: Childbirth	28	✓		11 months	Discharged, relieved
34	Agnes J Married Lerwick	1895	Form: Puerperal mania Cause: Unknown	44		✓	7 months	Discharged, recovered
35	Jessie G Single Breachin	1896	Form: Puerperal mania Cause: Unknown	29		✓	3 years (Died)	

36	Mary C Married Brechin	1896	Form: Melancholia (puerperal) Cause: Childbirth	32		✓	2 months	Discharged, relieved
37	Jane C Single Arbroath	1896	Name: Anaemia Form: Melancholia, puerperal Cause: Puerperal state	23		✓	3 years	Discharged, recovered
38	Martha R Married Fern	1897	Form: Puerperal melancholia Cause: Unknown	26		✓	3 months	Discharged, recovered
39	Dolly Ann G Married Latheron	1897	Form: Melancholia Cause: Nursing young family and sick husband	36		✓	6 years	'Lactation' Discharged, relieved
40	Amelia M Single Montrose	1897	Form: Melancholia puerperal Cause: Puerperal	25		✓	2 months	Discharged, recovered
41	Fanny C Married Arbroath	1897	Form: Melancholia, puerperal Cause: Unknown	25		✓	2 months	Discharged, recovered
42	Patient details restricted	1898						
43	Mary Ann C Married Benholm	1898	Form: Puerperal melancholia Cause: Influenza	39		✓	1 month (Died)	
44	Isabella S Married Thurso	1899	Name: Anaemia Form: Puerperal mania Cause: Childbirth	25		✓	6 months	Discharged, recovered

45	Jessie S Married Forfar	1899	Form: Acute melancholia Cause: Puerperal	28		✓	4 months	Discharged, recovered
46	Agnes M Married Halkirk	1899	Name: Pregnancy Form: Melancholia Cause: Unknown	42		✓	6 years (Died)	'Pregnancy'
47	Christina R Single Nesting	1900	Form: Melancholia Exciting: Heredity	23		✓	7 months (Died)	Predisposing: Heredity Exciting: 'Childbirth (illegitimate)'
48	Wilhemina W Dunrossness Married	1900	Name: Phthisis Form: Melancholia Exciting: Unknown	37		✓	4 months (Died)	'Prolonged lactation'
49	Ellen N Married Wick	1900	Form: Mania Cause: Unknown	30		✓	3 ½ years (Died)	'Family worries and lactation' Discharged, relieved
50	Elizabeth G Married Dundee	1900	Form: Mania, puerperal Cause: Unknown	36		✓	5 months	Previously admitted to Westgreen Asylum suffering from puerperal mania. Discharged, relieved
		1901	Form: Mania Cause: Previous attack	37		✓	2years	Discharged, recovered
51	Jessie D Married Dundee	1899	Form: Mania Cause: Unknown	31		✓	6 months	Discharged, relieved
		1900	Form: Mania Cause: Unknown	32		✓	4 months	Exciting: Puerperium Discharged, not improved, by minute of parish council

52	Mary B Married Montrose	1901	Form: Melancholia Cause: Childbirth	34		✓	17 years (Died)	Exciting: Puerperium
53	Margaret W Single Canisbay	1901	Form: Melancholia Cause: Unknown	19		✓	8 months	Exciting: Puerperium 'Had an illegitimate child last March' Discharged, recovered
54	Williamina C Married Toft, Caithness	1901	Form: Melancholia Cause: Unknown	33		✓	9 months	Exciting: Puerperium Discharged, recovered
55	Emma W Married Wick	1901	Form: Melancholia Cause: Not stated	33		✓	6 months	Exciting: Puerperium Discharged, recovered
56	Mary Ann M Married Catterline	1902	Form: Melancholia Cause: Unknown	33		✓	14 months	Exciting: Childbirth Discharged, recovered
57	Jessie A Married Dundee	1902	Form: Melancholia Cause: Unknown	40		✓	7 years	Exciting: Lactation Discharged, relieved
58	Margaret B Married Glenbervie	1902	Name: Ill health Form: Puerperal melancholia Cause: Bereavement, childbirth	22		✓	2 months	Exciting: Puerperal Discharged, recovered
59	Edith Mary B Married Forfar	1902	Name: Anaemia Form: Acute Mania Cause: Childbirth	38	✓		3 months (Died)	Predisposing: Childbirth Committed suicide in the asylum by hanging
60	Jessie M Single Kirriemuir	1903	Name: Phthisis Form: Acute Mania Cause: Loss of case of paternity of child	29		✓	8 months (Died)	Exciting: Puerperal



61	Annabel A Married Arbroath	1903	Form: Mania Cause: Childbirth (scored out, replaced with 'lactation')	28	✓		18 months	'Puerperium' scored out and replaced with 'lactation' Discharged, recovered
62	Helen D Single Wick	1903	Form: Chronic Mania Cause: Unknown	30		✓	4 years	'Childbirth' Discharged, relieved
63	Jean P Married Forfar	1903	Form: Acute melancholia Cause: Unknown	28		✓	2 months (Died)	Predisposing: puerperal
64	Catherine B Married St Vigeans	1904	Name: Phthisis Form: Acute melancholia Cause: Unknown	44		✓	8 months	Predisposing: Puerperal Discharged, recovered
65	Jessie Ellen M Married Caithness	1904	Form: Puerperal Mania Cause: Puerperal Insanity	25		✓	2 ½ years	Hereditary, Puerperal Discharged, relieved
66	Rebecca A Married Mains & Strathmartine	1904	Cause: 'Not stated'	26		✓	5 ½ years (Died)	Exciting: Puerperium
67	Maria M Married Edinburgh	1904	Cause: 'After confinement'	40	✓		4 months	Exciting: Puerperium Discharged, relieved
68	Maggie M Single	1904	Form: 'Childbed'	23		✓	7 months	Exciting: 'Pregnancy' (scored out), 'labour' Discharged, recovered
69	Williamina F Single Kirriemuir	1905	Form: 'Birth of illegitimate child'	32		✓	14 months	Exciting: Puerperium Discharged, recovered

70	Sarah B Single Stonehaven	1905	Form: 'Childbirth'	26		✓	2months	Exciting: Puerperium 'She is suffering from puerperal mania' Discharged, recovered
		1907	Cause: Unknown	29		✓	5 years (Died)	Died of 'organic brain disease'
71	Jenny D Married Dunfermline	1905	Cause: 'Illness in the family, confinement'	35	✓		6 months	Exciting: Puerperium Discharged, recovered
72	Grace S Married Dunrossness	1905	Form: 'Puerperal'	21		✓	5 months	Hereditary, Puerperal Discharged, recovered
73	Andrewina W Married Dingwall	1905	Cause: 'Childbirth'	24			3 months	Exciting: Childbirth Discharged, recovered
74	Mary D Married Lawrencekirk	1906	Name: Phthisis Form: Melancholia Cause: Childbirth	49		✓	9 days (Died)	Predisposing: Puerperal Exciting: Phthisis
75	Davina S Married Lochee	1907	Cause: 'Ill health'	31		✓	5 months	Exciting: Lactation Discharged, recovered
76	Isabella S Married Aberdeen	1907	Cause: 'After childbirth'	33		✓	1 month	Exciting: Puerperium Discharged, recovered
77	Elizabeth A Married Barry	1907	Cause: 'Unknown'	29		✓	5 years	Exciting: Puerperium Died of 'organic brain disease'

78	Mary M Married Forfar	1908	Cause: 'Puerperal'	36		✓	2 months	Predisposing: Puerperal Discharged, recovered
79	Joanna C Married Montrose	1908	Cause: 'Not stated'	35		✓	14 months	Exciting: Pregnancy Discharged, recovered
80	Patient details restricted	1908						
81	Patient details restricted	1909						
82	Barbara J Married Banchory	1909	Cause: 'Unknown'	31		✓	3 years (Died)	Exciting: Puerperium
83	Patient details restricted	1909						
84	Patient details restricted	1909						
85	Margaret C Married Wick	1909	Cause: 'pregnancy'	42		✓	2 months	Discharged, recovered
86	Patient details restricted	1910						

<b>87</b>	Catherine R Married Lerwick	1910	Cause: 'Effects of childbirth'	33		✓	2 months (Died)	Died of 'organic brain disease'
<b>88</b>	Minnie L Single Arbroath	1910	Cause: 'Pregnancy'	18		✓	5 months	Discharged, recovered

Appendix A - Table A4: Dundee Asylum, Puerperal Insanity Patients 1890 - 1910

	Patient	Year of Admission	Admissions Information				Approx. Length of Stay	Case Notes/Comments
			Form or Cause	Age	Private	Pauper		
1	Euphemia G Married Dundee	1890	Puerperal lactation	27		✓	6 months	Discharged, recovered
2	Mary R Married Broughty Ferry	1890	'After marriage'	22	✓		14 months	Discharged, relieved
		1895	Mania, puerperal Childbirth	27	✓		10 months	Discharged, relieved
		1897	Cause: puerperal	28	✓		8 years (Died)	
3	Elizabeth F Married Kirriemuir	1891	Lactation	30		✓	2 years	Discharged, relieved
4	Ann Elizabeth L Married Coatbridge	1891	Puerperal Mania	40		✓	3 years	Discharged, relieved
5	Sarah M Single Monifieth	1891	Childbirth	24		✓	10 years	Discharged, not improved

6	Isabella G Married Dundee	1891	Lactation	40		✓	6 months	Discharged, recovered
7	Wilhelmina B Married Dundee	1891	Mania, puerperal	24		✓	10 months	Discharged, recovered
8	Isabella H Married Peebles	1891	Childbirth	36	✓		13 months	Discharged, relieved
9	Georgina M Married Dundee	1892	Melancholia, puerperal	20		✓	2 months	Discharged, recovered
		1896	Mania, puerperal	24		✓	8 months	Discharged, recovered
10	Catherine N Married Dundee	1892	Mania, puerperal	40		✓	4 months	Discharged, recovered
11	Christina P Single Dundee	1892	Mania, puerperal	30		✓	12 years (Died)	
12	Margaret M Married Coatbridge	1892	Mania, puerperal	34		✓	15 months	Removed to Lunatic Wards Old Monkland Poorhouse
13	Agnes R Married Dundee	1893	Mania acute (lactation)	36		✓	13 months	Discharged, recovered

14	Jane A Married Monifieth	1893	Mania, puerp (lactation)	37		✓	3 months	Discharged, recovered
15	Patient details restricted	1893						
16	Agnes T Married Dundee	1893	Melancholia delusional and puerperal	30		✓	4 years	Removed to Lunatic Wards Dundee East Poorhouse
17	Jane M Single Dundee	1893	Mania, puerperal	25		✓	5 years	Removed to Lunatic Wards Dundee East Poorhouse
18	Ann B Married Dundee	1893	Acute mania (lactational)	35		✓	4 months	Discharged, recovered
19	Patient details restricted	1894						
		1899						
20	Agnes D Married Dundee	1894	Mania, puerperal	30		✓	16 days (Died)	
21	Marjory M Married Dundee	1894	Mania, puerperal	27		✓	14 years (Died)	

22	Georgina G Single Balmerino, Fife	1894	Childbirth	23	✓		6 days (Died)	
23	Elizabeth I Married Dundee	1894	Childbirth	33	✓		14 months	Discharged, relieved
24	Elizabeth B Married Dundee	1895	Dementia	30	✓		10 days	Cause: 'partly from physical exhaustion from lactation' Removed, improved
25	Janet C Married Dundee	1895	Mania, puerperal	34		✓	5 months	Discharged, recovered
		1897	Mania (acute)	36		✓	6 months	Discharged, recovered
		1901	Mania (puerperal), childbirth			✓	8 months	Discharged, recovered
26	Elizabeth C Married Dundee	1895	Mania puerperal	31		✓	7 months	Discharged, recovered
27	Catherine P Married Dundee	1895	Mania, puerperal	34		✓	2 months (Died)	
28	Catherine D Married Dundee	1896	Mania, puerperal	26		✓	5 months	Discharged, recovered



29	Rebecca F Married Dundee	1896	Mania, puerperal	34		✓	4 months	Discharged, recovered
30	Isabella N Married Dundee	1896	Mania, lactational	32	✓		8 months	Discharged, recovered
31	Mary G Married Glamis	1897	Lactation	36		✓	14 months	Discharged, recovered
32	Jane M Married Lochee	1897	Melancholia, puerperal	35	✓		1 month	Discharged, relieved
33	Mary K Single Broughty Ferry	1898	Puerperal melancholia	21		✓	3 months	Discharged, recovered
34	Betsy T Married Dundee	1898	Puerperal melancholia	35		✓	1 month	Removed to Fifeshire District Asylum
35	Patient details restricted	1898						
		1901						

		1902						
		1903						
36	Mary W Widowed Glasgow	1898	Puerperal fever	59	✓		8 years (Died)	
37	Mary Ann M Married Dundee	1899	Mania, puerperal	33		✓	2 months	Discharged, recovered
38	Mary Ann M Married Dundee	1899	Mania puerperal	28		✓	3 months	Discharged, recovered
39	Isabella Amelia M Married Dundee	1900	Mania, puerperal, childbirth	28		✓	1 month	Discharged, recovered
40	Lizzie A Married Dundee	1900	Mania, puerperal	28		✓	3 months	Discharged, recovered
41	Elizabeth G Married Dundee	1900	Mania, acute Childbirth	36		✓	2 months	Discharged, recovered
42	Christina H Married Dundee	1900	Mania, puerperal	22		✓	1 months	Discharged, recovered

43	Christine S Married Dundee	1900	Mania, puerperal	22		✓	2 months	Discharged, recovered
44	Margaret R Married Dundee	1900	Melancholia (Delusional) Puerperal	24	✓		2 months (died)	Discharged, recovered
45	Mary B Married Dundee	1900	Melancholia (Delusional) (Puerperal)	24		✓	3 months	Discharged, recovered
46	Jemima K Married Broughty Ferry	1901	Mania (puerperal) Childbirth	28	✓		6 months	Discharged, recovered
47	Margaret M Married Dundee	1901	Mania (puerperal)	22		✓	3 months (Died)	
48	Jessie C Married Dundee	1901	Mania (puerperal)	29		✓	4 months	Discharged, recovered
49	Alice C Single Dundee	1901	Monomania (Suspicion)	30		✓	18 months	Childbirth, sexual intemperance Removed, relieved, to Lunatic Wards Dundee East Poorhouse
50	Jessie D Married Dundee	1901	Mania (Chronic) Childbirth	31		✓	16 months	Discharged, not improved
51	Mary M Single Dundee	1902	Mania (puerperal) Childbirth	28		✓	9 days (Died)	

52	Patient details restricted	1902						
		1906						
		1906						
		1914						
53	Patient details restricted	1903						
54	Patient details restricted	1903						
55	Patient details restricted	1903						
56	Isabella A Married St Andrews	1903	Mania, puerperal Childbirth	32	✓		2 months	Discharged, recovered
57	Margaret B Married Dundee	1903	Melancholia	24		✓	3 months	Discharged, relieved

		1910	Mania, puerperal Puerperium	31		✓	5 months	Discharged, recovered
58	Jane K Married Dundee	1903	Mania (acute)	28		✓	3 months	Discharged, recovered
		1905	Melancholia, puerperal	29		✓	7 months (Died)	
59	Susan C Married Dundee	1904	Mania, puerperal	25		✓	4 months	Discharged, recovered
60	Patient details restricted	1904						
61	Robina B Married Dundee	1904	Melancholia, puerperal	30		✓	2 ½ years	Discharged, relieved
62	Williamina D Married Dundee	1904	Melancholia, puerperal	29		✓	3 months	Admitted as pauper patient to Dundee District Asylum
		1904	Melancholic, delusional	29	✓		4 months	Transferred as private patient to Dundee Royal Asylum Discharged, recovered
63	Mary Jane M Williamson Married Dundee	1905	Melancholic, puerperal Puerperium	32	✓		16 months	Discharged, relieved, at husband's request

64	Isabella M Single Dundee	1906	Puerperal mania, Puerperium	U		✓	3 years 5 months	Removed, not improved, to Lunatic Ward East Poorhouse
65	Janet M Married Dundee	1906	Melancholia Agitated and Suicidal Puerperium	22		✓	11 months	Discharged, recovered
66	Jane H Married Dundee	1907	Mania, puerperal	24		✓	3 months	Discharged, recovered
67	Jessie F Married Dundee	1909	Puerperal, puerperium and hereditary	22		✓	3 months	Discharged, recovered
68	Jane W Married Kirkcaldy	1910	Melancholia, puerperal	23		✓	26 days	Removed by Sherriff's Order to Perth Prison
69	Mary M Married Dundee	1910	Mania, puerperal	23		✓	8 years	Discharged after 28 days trial
70	Catherine D Single Dundee	1910	Mania, puerperal	26		✓	4 years	Transferred, relieved, to Murthly Asylum, later transferred to Fife and Kinross Asylum, discharged relieved 1919
71	Patient details restricted	1910						

Appendix A – Table A5: Occupations of Postpartum Patients Admitted 1840 - 1860

Montrose Royal Lunatic Asylum				
	Married/Fluctuating		Unmarried	
Pauper/ Unknown	Not known	14	Not known	2
	Wife of Veterinary Surgeon	1	Prostitute	1
	Wife of Fisherman	2		
	Wife of Skinner	1		
	Wife of a Mason	2		
	Wife of a Blacksmith	1		
	Wife of a Baker	1		
	Wife of a Carpenter	1		
	Wife of a Gardener	3		
	Wife of a Flaxdresser	1		
	Wife of a Weaver	1		
	Wife of a Tailor	1		
	Wife of a Farm Servant	1		
	Millworker	1		
		31		3
Private	Unknown	2		
		2		
Dundee Royal Lunatic Asylum				
Pauper/ Fluctuating	Housewife	5	House Servant	1
	Wife of a Quarrier	1	Domestic Servant	1
	Wife of a Weaver	2		
	Wife of a Millwright	1		
	Wife of a Coachman	1		
	Wife of a Flesher	1		
	Wife of a Carpenter	1		
	Wife of a Sailor	2		
	Wife of a Labourer	1		
	Wife of a Railway Porter	1		
	Wife of a Mason	2		
	Wife of a Gamekeeper	1		
	Washerwoman	1		
	Servant	1		
Weaver	1			
		22		2
Private	Housewife	2		
	Wife of a Sackmaker	1		
	Wife of a Captain	1		
	Wife of a Painter	1		
	Wife of a Draper	1		
	Wife of a Clerk	1		
	Wife of a Merchant	1		
	Wife of a Shipowner	1		
	Wife of a Farmer	1		
Dressmaker	1			
		11		

Appendix A – Table A6: Occupations of Postpartum Patients Admitted 1890 - 1910				
Dundee Royal Lunatic Asylum			Unknown: 9	
	Married		Unmarried	
Pauper	Housewife/Housekeeper	26	Domestic Servant	3
	Wife of Weaver	1	Jute preparer	1
	Wife of Farm Servant	1	Sack Machinist	1
	Weaver	4	Barmaid	1
	Spinner	3	Weaver	1
	Domestic Servant	3	Millworker	1
	Millworker	2		
	Reeler	1		
	Tailoress	1		
		42		8
Private	Housewife/Housekeeper	3	House Servant	1
	Wife of Ship Engineer	1		
	Wife of Iron Turner	1		
	Wife of Riveter	1		
	Wife of Spirit Dealer	1		
	Wife of Ploughman	1		
	Wife of Blacksmith	1		
	Milliner	1		
Cook	1			
		11		1
Montrose Royal Lunatic Asylum			Unknown: 10	
Pauper	Housewife/Housekeeper	26	Domestic Servant	7
	Wife of Ploughman	3	Millworker	3
	Wife of Working Man	1	General Servant	2
	Wife of Crofter	3	Outworker	1
	Wife of Farm Servant	1	Farm Servant	1
	Wife of Fisherman	1	Factory Worker	1
	Wife of Farmer	1		
	Domestic Servant	9		
	Factory Worker	1		
	General Worker	2		
	Millworker	1		
	Fishworker	1		
	Fisherwoman	1		
	Weaver	1		
	Knitter	1		
	Knitter and Crofter	1		
Hawker	1			
		55		15
	Housewife	5		
	Tailoress	1		
	Lady	1		
	Operatic Singer	1		
		8		





Appendix B - Table B1: Criminal Cases 1841 - 1910					
Name	Year	Residence	Charge/Charged or Tried at/Presiding Judges	Sentence	Outcome
Catherine S	1841	Dundee	Murder Perth Circuit Court Lord MacKenzie Lord Medwyn	Sentenced to hang; remitted to transportation for life	Sailed 16 November 1841 on <i>Emma Eugenie</i> ; arrived Van Dieman's Land, Australia 9 April 1842
Bridget K	1860	Dundee	Murder Perth Circuit Court Lord Deas Lord Neaves	Sentenced to hang; remitted to lifetime imprisonment	Died in Perth General Prison 1867
Isabella W	1863	Forfar	Murder/Culpable Homicide Perth Circuit Court Lord Deas Lord Neaves	Penal servitude - 10 years	
Euphemia W	1863	Arbroath	Murder/Culpable Homicide Perth Circuit Court Lord Deas	Penal servitude - 10 years	
Jane G	1871	Broughty Ferry	Attempted child murder Dundee Circuit Court Lord Deas	Detained at Her Majesty's Pleasure	Dundee Prison; Perth CLD; DRLA
Elizabeth G	1872	Burntisland	Murder Perth Circuit Court Lord Neaves Lord Jerviswoode	Detained at Her Majesty's Pleasure	Cupar Prison; Perth CLD; Fife District Asylum
Helen C	1872	Glamis	Child murder/Concealment of Pregnancy Dundee Circuit Court Lord Deas Lord Jerviswoode	Imprisonment, 9 Months	Forfar Prison

Helen R	1875	Monikie	Murder High Court of Justiciary, Edinburgh Lord Justice Clerk (James Moncreiff) Solicitor General (William Watson)	Detained at Her Majesty's Pleasure	Perth CLD; Liberated under care of guardian; Perth CLD; Liberated under care of guardian
Elizabeth B	1895	Dundee	Culpable Homicide High Court of Justiciary, Dundee Lord McLaren	Detained at Her Majesty's Pleasure	Dundee Prison; DDA; Perth CLD; Liberated under care of guardian
Ann A	1906	Dundee	Murder High Court of Justiciary, Dundee Lord Kincaird MacKenzie	Detained at His Majesty's Pleasure	Perth CLD; DDA; Liberated under care of guardian; Committed suicide
Jane W	1910	Kirkcaldy	Murder High Court of Justiciary, Perth Lord Low	Detained at His Majesty's Pleasure	Dundee prison; DDA; Perth CLD; Liberated under care of guardian

## University Teaching and Research Ethics Committee

Dear Morag

Thank you for submitting your ethical application which was considered at the School of History Ethics Committee meeting on 1 December 2016 when the following documents were reviewed:

1. Ethical Application Form

The School of History Ethics Committee has been delegated to act on behalf of the University Teaching and Research Ethics Committee (UTREC) and has granted this application ethical approval. The particulars relating to the approved project are as follows -

<b>Approval Code:</b>	HI12524	<b>Approved on:</b>	1/12/2016	<b>Approval Expiry:</b>	1/12/2021
<b>Project Title:</b>	‘This distressing malady: Madness and children in Scotland 1820-1910				
<b>Researcher(s):</b>	Morag Allan Campbell				
<b>Supervisor(s):</b>	Professor Rab A Houston				

Approval is awarded for five years. Projects which have not commenced within two years of approval must be re-submitted for review by your School Ethics Committee. If you are unable to complete your research within the five year approval period, you are required to write to your School Ethics Committee Convener to request a discretionary extension of no greater than 6 months or to re-apply if directed to do so, and you should inform your School Ethics Committee when your project reaches completion.

If you make any changes to the project outlined in your approved ethical application form, you should inform your supervisor and seek advice on the ethical implications of those changes from the School Ethics Convener who may advise you to complete and submit an ethical amendment form for review.

Any adverse incident which occurs during the course of conducting your research must be reported immediately to the School Ethics Committee who will advise you on the appropriate action to be taken.

Approval is given on the understanding that you conduct your research as outlined in your application and in compliance with UTREC Guidelines and Policies ( <http://www.st-andrews.ac.uk/utrec/guidelinespolicies/> ). You are also advised to ensure that you procure and handle your research data within the provisions of the Data Provision Act 1998 and in accordance with any conditions of funding incumbent upon you.

Yours sincerely

*Lorna Harris*

Convener of the School Ethics Committee

cc Supervisor