

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600



**Ungovernable Subjects:
A Radical Genealogy of Moral Insanity**

**By
Heidi Marie Rimke, B.A.(H), M.A.**

**A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of
the requirements for the degree of**

Doctor of Philosophy

**Carleton University
Ottawa, Ontario
June 2005
© 2005, Heidi Rimke**



Library and
Archives Canada

Published Heritage
Branch

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque et
Archives Canada

Direction du
Patrimoine de l'édition

395, rue Wellington
Ottawa ON K1A 0N4
Canada

0-494-08346-8

Your file Votre référence

ISBN:

Our file Notre référence

ISBN:

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

Canada



**Ungovernable Subjects:
A Radical Genealogy of Moral Insanity**

The dissertation examines the nineteenth century doctrine of moral insanity as the first attempt to systematically institutionalize vice as a human pathology in the history of Western human sciences. Situated within a post-structuralist framework that employs a radical genealogical method, the emergence of the ‘morally insane’ is interrogated and mapped from its inception to the turn of the century. The doctrine signalled an emerging middle class seen as the moral guardians and governors of ‘civil society’ that provided the rationale and justification for psychiatric knowledge production and medical regulation of immoralities. Addressing social anxieties about vice and the degeneration of society, the doctrine provides a rich archival landscape for examining the emergence of moral positivism or the pathologization of vice in Western psychiatric discourses. Advancing a pathological model of the morally insane individual that was consistent with the historical formation of the social and political rationalities of capitalism, the doctrine medicalized vice and virtue. Examining approximately two hundred texts on moral insanity from a discourse-analytical perspective, the thesis challenges the traditional historical assumption that medical practice and human scientific knowledge developed as a unilinear, beneficent, neutral movement marking a shift from unscientific supernaturalism to objective scientific paradigms. Instead, the thesis demonstrates that the doctrine represented a hybridization of Enlightenment positivism and Christian morality by which ‘a medicine of the soul’ emerged in relation to industrialization, urbanization, colonization and the formation of ‘civil society.’ This demonstrates that the significance of the doctrine has been overlooked despite providing the foundational bases for the institutionalization of ‘personality disorders.’ Placed on the psychiatric map in 1833, the dissertation charts its socio-historical ‘career’ by examining a wide selection of medical publications during the nineteenth century. Moral insanity, it will be argued, provided the scientific rationalization and legitimization for increasing moral regulation in all spheres of human social life. Although sociological thinkers have been critically analyzing and engaging with psychiatric texts since at least Durkheim, no systematic critical study has been conducted on moral insanity. The dissertation thus contributes the first methodical and critical sociological study of the doctrine of moral insanity.

For the UnForgotten

Acknowledgements

I would like to thank many important people who extended their hand throughout the years I worked on this study because in no uncertain terms did I accomplish this feat on my own.

Especially, I owe immeasurable gratitude to:

My doctoral committee members each of whom inspired me, in their own ways, and provided invaluable advice, insight, wisdom, and support.

Florence Kellner and Phillip Thurtle for their support, knowledge, and encouragement as stellar co-supervisors and mentors;

Aaron Doyle, for adding my dissertation to his already very busy schedule; and Rob Shields, who, despite relocating, remained committed to seeing the dissertation through to the end.

Alan Hunt, for getting me started;

Marc Cezer, my psychiatrist, for getting me through;

My students who consistently remind me of the importance of critical scholarship;

All of my teachers;

All of my sisters and brothers;

Those on the front lines of the class war;

Those entombed in the dungeons of capitalism;

My mom for teaching me to be a fighter;

My dad for taking me to the picket lines;

Dave Bleakney, admirable, revolutionary partner and comrade-in(my)-arms for whom there are no words to describe my love and gratitude;

Kevin, my son, for his breath-taking capacity for human understanding, good-humour, enviable patience, and unlimited supply of love - you have always been my inspiration and reasons why;

A vitally important circle of folks:

Nick Ackerley, Aalya Ahmad, Julie Brown (nee Witmar), Christine Bruckert, Ann Carroll,

Sue Collis, Jon Cohen, Aziz Choudry, Roger Clement, Nazira Conroy, Evan Dalrymple, Ronjon Paul Datta, Valerie de Courville Nicol, Kelly Fritsch, Bob Gaucher, Amber Gazdic, John Gillies, Yavar Hameed, John Hollingsworth, Joey Johnson, Cameron Johnstone, Helen Krahn, Sam Kuhn, Debby Landry, Wendy MacKenzie, Craig McKie, Steve Meszlenyi, Kim Mitchell, Tammy Morgan, Brendan Murphy, Nazih Nasrallah, Clifton Arihwakehte Nicholas, Joeli Reardon, Klaus Rimke, Stuart Ryan, Dan Sawyer, Jeff Shantz, Zoe Sujon, Susan Turansky, Max Wellington, and Maha Zimmo.

The many organizations, collectives, unions, caucuses, committees, departments, and the like: A-Infos, Amnesty International, Anti-Capitalist Community Action (ACA), Anti-Capitalist Task Force (ACTF), Canadian Committee on the History of Sexuality, Canadian Society for the History of Medicine, City of Ottawa Archives, Coalition Opposed to Police Brutality (COBP), la Convergence Luttes des Anti-Capitalist (CLAC), the Canadian Union of Public Employees (C.U.P.E.) 2323/4600 Units 1 and 2, Canadian Union of Postal Workers, the Mohawk Nation, Ontario Coalition Against Poverty (OCAP), the Ontario Common Front, Ontario Public Interest Research Group (OPIRG)-Carleton, the Ottawa Coalition Against the Tories (OCAT), the Seven Year Squat(ters), the Social Sciences and Humanities Research Council of Canada (SSHRC), the Socialist Ring, the Sociology and Anthropology Graduate Student Caucus 1995-2000, Belleville Tenant Action Group (TAG), University of Ottawa's Department of Criminology, The Wellcome Institute for the History of Medicine, the Zapatistas, and not least of all the marvellous and indispensable talents of the inter-library loans folks at the Elizabeth MacOdrum Library.

Class warriors everywhere;

And the Indigenous peoples for sharing their land.

For all of you, there is no adequate way to say thanks.

*In revolutionary struggle, and of course, in radical hope,
Heidi Marie Rimke B.A. (H), M.A.*

Post Script

My sincerest apologies to those people I referred to as 'degenerates,' 'cadgers,' 'morally insane' and 'throwbacks,' throughout this study.

TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION: NINETEENTH CENTURY PSYCHIATRY AS AN IMPERIALIST MEDICINE OF THE SOUL.....	1
1.2 The 'Discovery' of Moral Insanity: The Dangerous Stranger.....	8
1.3 The Varieties of Moral Insanity	11
1.4 Bourgeois Fears and Anxieties.....	14
1.5 Conclusion	15

CHAPTER TWO

THEORETICAL FRAMEWORK: SITUATING THE RESEARCH.....	18
2.2 The Research Problem	18
2.3 The 'Psy' Complex	20
2.4 Literature Review.....	22
2.5 Theoretical Argument	26
2.6 Structure of the Dissertation and Chapter Summaries	35

CHAPTER THREE

HISTORICAL METHOD: A RADICAL GENEALOGY AS CASE STUDY.....	37
3.2 Historical Sociology as Postdisciplinary	40
3.3 Time Period.....	45
3.4 Historical Data	47
3.5 Geography and the Moral Colonization of Space	50
3.6 Historical Hegemony.....	53
3.7 Discourse Analysis: Critical Readings and Interpretations.....	58
3.8 Politicizing Bodies	62
3.9 Reflexivity.....	63
3.10 Conclusion	68

CHAPTER FOUR

OVERVIEW OF THE DOCTRINE OF MORAL INSANITY.....	70
4.2 Modern Moral Imperialism	71
4.3 Social Conditions of Emergence.....	75
4.4 Sinful Cities.....	78
4.5 Revolutions, Rebellion, and Hegemonic Desires.....	81
4.6 Policing Morality: Medicine, Politics and Culture.....	84
4.7 C19th Social Problems: Society, Health, and the Individual	87
4.8 Industrialization and Moral Madness.....	90
4.9 Etiologies of Moral Insanity, or the Causes of Ungovernability	96
4.10 The Treatment and Prognosis for Moral Insanity.....	99
4.11 Conclusion	110

CHAPTER FIVE	
MAPPING THE INTERIOR: PASSIONS, THE MORAL FACULTY AND CHARACTER.....	115
5.2 Constituting the ‘Moral Sense’ as a Corporeal Matter or ‘Organ of Morality’.....	117
5.3 The Dangerous Passions: A Disease of the Soul.....	129
5.4 Medicalizing Character as Scientific Object.....	150
5.5 Conclusion	158
CHAPTER SIX	
MORAL INSANITY: AN ESSENTIALLY CONTESTED DOCTRINE	163
6.2 Conflicting Moral Authoritarian Discourses.....	164
6.3 Positioning the Middle-Class.....	168
6.4 The Insanity Defence.....	173
6.5 Demonology, Disease and Degeneration	178
6.6 Ungovernable Subjects: The Psychopath.....	183
6.7 Science and Theology	189
6.8 Conclusion	196
CHAPTER SEVEN	
FROM SINNERS TO DEGENERATES: MAKING THE SOUL MATTER	202
7.2 From Moral Theology to Moral Materialism.....	204
7.3 Degeneration and Moral Insanity	216
7.4 Moral Mothers of the Empire.....	227
7.5 Moral Contagions: The Germ Theory of Vice	236
7.6 Conclusion	245
CHAPTER EIGHT	
MEASURING MORAL TRANSGRESSIONS: PSYCHOCENTRIC POSITIVISM.....	252
8.2 Divining Technicians of the Soul.....	253
8.3 Visual Documentation as Identification and Diagnostic Tools.....	256
8.4 Measuring the Abnormal Soul: Excess, Absence and Presence	262
8.5 Constructing and Categorizing Moral Insanity	267
8.6 The Politics of Civility: The Virtues of Concealing and Revealing.....	273
8.7 Atomized Subjection.....	284
8.8 Conclusion	291
CHAPTER NINE	
INSCRIBING THE SOUL: PSYCHOGRAPHY AND CORPOREAL HERMENEUTICS.....	298
9.2 Reading Morally Insane Bodies as Social Texts	300
9.3 Inscribing Sex.....	309

9.4 Gender, Race and the Psychiatric Inscription of Inferiority.....	312
9.5 Conclusion.....	325
CHAPTER TEN	
CONCLUSION: THE BIOPOLITICS OF PSY DISCOURSES.....	344
BIBLIOGRAPHY.....	359

APPENDICES

Appendix 1 Abridged Socio-Historical Time Line	394
Appendix 2 Medical Publications On The Doctrine Of Moral Insanity By Year, 1833-1913	409
Appendix 3 Nineteenth Century Medical Periodicals	415
Appendix 4 "The Wearing of The Green," 1860s Irish Folk-Song	416
Appendix 5 Durham Miners' Anti-Scab Song Lyrics, 1880s	416
Appendix 6 "The Red and the Black" By Alfred Artega	417

LIST OF ILLUSTRATIONS

Figure 1.1 The Elements of Moral Science, Frontispiece.....	17
Figure 1.2 Dr. James Prichard.....	17
Figure 4.1 Gall's Phrenological Organs.....	111
Figure 4.2 Redfield's New System of Physiognomy	112
Figure 4.3 Mr. Frewen of England: "A Victorian Adventurer"	113
Figure 4.3 Frewen's Report to Shareholders on Free Grazing.....	114
Figure 5.1 Rush's Moral and Physical Thermometer	160
Figure 5.2 Salvation Army Officers.....	161
Figure 5.3 Niagara's Fallen Souls.....	162
Figure 7.1 Profile of Negro, European and Oran Outan	248
Figure 7.2 Fowler (1842)	249
Figure 7.3 The Facial Angle.....	250
Figure 7.4 Scientific Racism.....	250
Figure 7.5 Burns the Poet and a Working Class Boor	251
Figure 8.1 Case of Moral Insanity.....	296
Figure 8.2 Erotomaniac A.....	296
Figure 8.3 Erotomaniac A, Cured	296
Figure 8.4 Quetelet's 'Average' Head	297
Figure 8.5 Erotomaniac B	297
Figure 8.6 Erotomaniac B, Cured	297
Figure 9.1 Carus (1900)	331
Figure 9.2 Merton (1898).....	332
Figure 9.3 Outline of Sarcognomy	333
Figure 9.4 Physiognomy of Anarchists	334
Figure 9.5 Excess and Appetite.....	334
Figure 9.6 M. Nasalis: Muscle of Lasciviousness.....	335
Figure 9.7 Wanton	335
Figure 9.8 Feminism, Anterior View	336
Figure 9.9 Feminism, Posterior View	336
Figure 9.10 An Affectionate Female.....	337
Figure 9.11 Habits of Intemperance.....	337
Figure 9.12 Lombroso's "Bushwomen"	338
Figure 9.13 Lombroso's "Hottentot Venus"	338
Figure 9.14 Race and Sex	339
Figure 9.15 Black Fellow	340
Figure 9.16 Elephant	340
Figure 9.17 Black Fellow	340
Figure 9.18 Fish	340
Figure 9.19 Irishman and Terrier	341
Figure 9.20 Foreheads Delineating Carefulness and Slovenliness	341
Figure 9.21 Sexual Anomalies in the Hottentot and in the European Woman.....	342
Figure 9.22 Intelligence and Ignorance	343

CHAPTER ONE: INTRODUCTION: NINETEENTH CENTURY PSYCHIATRY AS AN IMPERIALIST MEDICINE OF THE SOUL

No one can contemplate the present provision for the comfort and cure of the insane without gratitude to God, nor without admiration of the philanthropy and science which have together achieved such amazing results (Anonymous 1850:1-2).

[T]he most decided forms of human wrong-doing, and...the causes and nature of the moral degeneracy they evince...are not merely subjects for the moral philosopher and preacher, but...they rightly come within the scope of positive scientific research (Maudsley 1898:35).

What one discovers under the name of the ‘psychology’ of madness is merely the result of operations by which one has invested it. None of this psychology would exist without the moralizing sadism in which nineteenth-century ‘philanthropy’ enclosed it, under the hypocritical appearances of ‘liberation’ (Foucault 1987:73).

In the above quotation, French social historian and philosopher Michel Foucault is referring to the imperious and obtuse testimonials of the purposeful progress typically glorified within traditional histories of psychiatry. Antiquarian histories such as these generally subscribe to the functional evolutionary view of psychiatric medicine provided by historians Franz Alexander and Sheldon Selsnick:

If the Renaissance represented Western man’s first important steps toward a realist approach to psychiatry after the long night of medieval ignorance, the Age of Reason marked a great leap forward. Through the efforts of the great scientists, philosophers, men of letters, and artists of the seventeenth century mental illness was further extricated from superstition and authoritarian error. This could only occur with inductive reasoning, based on objective and careful observations of mental illness, could ally with solid intuitive judgment...With such break-throughs achieved through the use of observation and reason, the scientists of the Western world...would yield still greater results (1966:104).

The celebratory masculinist hero-narrative goes something like this: in response to the brutal

and harsh treatment of the mad and lunatics, benevolent humanitarian reformers in the late eighteenth century, Philippe Pinel in France, Benjamin Rush in the United States,¹ and Vincenzo Chiajuri in Italy, are typically hailed as inspirational and heroic liberating agents who ‘struck the chains off the mad freeing the infirm from atrocious and inhumane institutional treatment.’ The so-called ‘Age of Reason’ produced new regimes of discipline largely replacing the spectacular public punishment of deviance of previous centuries. Psychiatric knowledge was thus key in socially organizing and mediating the creation of madness through classifications, texts, imagery, and techniques within the wider context of historical social forces.

In the dominant history of psychiatry literature, Pinel and Rush are routinely referred to as the ‘fathers’ of modern psychiatry. Hailed as one of the primary founders of ‘moral treatment’ Pinel and his contemporaries are applauded for advocating and introducing humane treatment of lunatics without the use of physical constraints but ‘moral methods.’ The application of this method within the asylum was referred to as “moral management” which was the preferred approach when treating the upper ranks that could afford the county asylums. Meanwhile, the deviant poor were confined to poorhouses, prisons, almshouses, and workhouses. Moral management, developed by the Quakers at the York Retreat (asylum)

¹ Benjamin Rush, a leading figure of the American Enlightenment, a professor of medicine, the Surgeon-General of the Revolutionary Army, the head of the Pennsylvania Hospital’s ward for the insane, and signer of the American Declaration of Independence, is now regarded as the ‘Father of American Psychiatry.’ His white supremacist activities and concerns around race relations made him a leading Republican figure, taking upon himself the task of providing prescriptive action so that the savage races could be reformed and “incorporated” into the *White Republican Nation*. His concerns around sin and sensuality, licentiousness, profanity and pleasure persuaded him to press for ‘the moral reform’ of American society through a strict medical governance of morality: “the people are much disposed to vice...and...nothing but a vigorous and effective government can prevent their degenerating into savages” (Rush cited in Takaki 1979:16-17, 20).

in England advocated the idea that insanity could be remedied through kindness and an appropriate atmosphere congenial to the acquisition of virtuous habits and principles (Edginton 1994:382). The introduction of the York Retreat in England at the end of the eighteenth century employed methods of moral management based upon religious principles of the Quakers (Digby 1985; Edginton 1994; Smadych and Verdu-Jones 1986).

The quest for sanity, respectability and moral propriety in the nineteenth-century was in part reflected in the moral architecture of the asylum. The built environment for the insane acted as a “natural” and “social” disciplinary technology and institutional space for the clinical gaze (c.f. Markus 1987; 1993). Explicitly designed to provide a facility that ensured the ordering, placement, movement and perception of the incarcerated, the asylum was to “represent a passage to sanity - a sanity drawn from the salubrity and ordering of nature” (Edginton 1994:377). Overt, coercive physical techniques which were based on a model of madness as human animality shifted to one which allegedly acknowledged ‘the humanity of the mad.’ This ‘discovery’ contributed to the conviction that the psychiatric sciences had (to) become modernized - humane and enlightened.

A critical historical sociological analysis of the doctrine of moral insanity provides a different account. Such an approach demonstrates that the literal unchaining of the mentally ill involved processes of retaining classifications of inferiority and pathology by constructing new fetters of social capture. Moral regulation in the name of the universal laws of moral science grounded in reason, ethics and Christian truth paved the righteous path of psychiatric science. That we should understand those designated as morally insane as an evil social group, as Wayland proclaimed in his influential treatise on moral science, which should arouse feelings

of moral repulsion: “the proper feeling with which we should contemplate wickedness, is that of disgust or moral indignation” (1852:384). Wayland’s treatise on “moral science” was initially published in 1835. An American textbook written to teach university courses in moral philosophy, it had a major impact on the increasing efforts to render Christian morality and theology compatible with the growing precepts of science (Figure 1.1).

The ‘discovery’ or claim that madness was neither the result of demonic possession nor divine punishment from God was key in the historical transformation of moral authoritarianism as a vital social mechanism of discipline. The respectability of sciences rested upon ‘enlightened’ conceptions of abnormalities rather than upon superstitions and unverifiable fact. As such the abnormal soul became reconfigured as a disease or illness which required psycho-medical attention. This introduced a medical model of mental pathology centred on a scientific and liberal understanding of the individual body. Medical science was viewed as the proper and noble, if not unappreciated, professional pursuit of treating dangerous souls who appeared morally ungovernable. An ‘enlightened’ modern psychiatry determined that insanity was chiefly a state of a disordered interior due to corporeal determinations, and an infirmity best left to “the scientific application of medical psychology” (Kitching 1857c:453). The problem under investigation offers another explanation for the social and moral reform in psychiatry at the turn of the nineteenth century: the growing psychological moralization of individuals required an imperialist science necessary for the imperialist project of capitalist colonization of dangerous, idle, and disruptive souls.

The interlocking chains of medico-moral articulation produced and reproduced social relations of domination where psychiatric colonization constructed taxonomies instituting

'objective' and 'rational' classifications necessary for the practice of identifying and classifying moral deviants. This instituted the scientific legitimation of 'treating' certain social groups of humans as pathological by other differently situated social groups, in this case white, educated, property-owning, Western, and mainly Christian, men. The governing subjectivities of medical men, the masters of modern morality, and custodians of the collective soul became the ideal type for Western subjectivities of an emerging 'civil society' and its necessary population – respectable citizens, the loyal subjects of the capitalist State and a patriarchal God. The historical construction of the deviant act underwent an unprecedented transfiguration resulting in new abnormal human species becoming a focus of social scientific concern. As Foucault (1987; 1988) has shown, the social construction of deviant identities shifted from focusing on the act to one that redefined the identity of the person on the basis of an act in 'medical terms.'

By the middle of the nineteenth century, the 'modernized' regime of psychiatric medicine became one based upon individualizing and totalizing techniques of biopower made possible through an expanding set of authoritative apparatuses. This served to regulate the population through a regime of medical truths; a vision of an interiorized regime of governance based on discourses of dangerousness which gradually replaced the barbarous examples of spectacular corporeal punishment of previous eras (Foucault 1979). Biopolitics is a way of thinking about 'the natural' or how 'the biological entry of life' into politics and society marks the threshold of modernity. This concept emphasizes the increasing role biological knowledge systems played in the nineteenth century. It also helps contextualize the historical emergence of modern psychiatry's proliferation of discourses on the 'private soul'

as a social but inevitably biological problem.

The shift from focussing on the act (vice) to the creation of a certain deviantalized subject (morally insane) thus created a new identity, a new class of biological subjects to fear. The proliferation of discourses on danger rationalized the wider policing of the Other and “disorder” to ensure an orderly social transition for the emerging industrialized, colonial, and urbanized capitalist social and economic order. Categorizing the person, particularly ‘character’ in scientifically inferiorized terms, the abnormal individual, the human deviant, and in this case, the threat of the morally insane provided a rationale for a new style of control and colonization which required ‘culprits’ as the enemy or the scourge threatening the progress of ‘civilization.’ Social cleansing was imperative to cleanse the population of impurities and those who carried and transmitted them; social and moral hygiene movements, which gained increasing momentum through to the end of the nineteenth century, benefited greatly from the work being conducted in the human sciences. Modern ‘humane’ disciplinary science was not derived from a new respect for humanity but “rather a more finely tuned mechanism of control of the social body, a more effective spinning of the web of power over everyday life” (Hoy 1981:54).

The dissertation focuses on moral insanity as a case study for understanding the hegemonic dynamics involved in the historical social construction of deviance in the West/North. Moral insanity, however, was not the first historical attempt to institutionalize white supremacy. A stark historical example of psychiatric imperialism is the appellation “drapetomania,” an early nineteenth century psychiatric disorder which was defined as the ‘unconscionable’ and ‘pathological desire’ of slaves to escape captivity from their natural

masters (Szasz 1971b). The invention of drapetomania is important to remember in the context of the dissertation for one main reason: it medicalized, and therefore legitimated, psychiatric knowledge as a master narrative both literally and figuratively.

As an embryonic gospel of moralized science, the doctrine of moral insanity provides some insight into the nineteenth century psychiatric imaginary and the inextricable link between the colonizers and those colonized by dominant culture. The historical process of colonization further entailed the colonization of individual subjectivities conducive to the greater capitalist good: profit, wealth, and capital accumulation. Productive subjects had to be healthy, upstanding, obedient and efficient for the functioning of a growing capitalist political economy in order to sustain the profit-making enterprises of the bourgeoisie. ‘Healthy’ individualism is thus synonymous with capitalist-based ‘civility.’ We thus continue to live in an increasingly “somatic society” where our search for meaning has shifted away from the public sphere towards the self and the body (Armstrong 1995; Turner 1992; 1996).

Colonizing souls through the human sciences became integral to the colonization of land both of which relied upon a moral imperialism geared towards the production of proper middle-class moral-economic subjectivities. The colonizing practices and will of property-owning medical men should thus be seen as a distinct group of social and moral governors characterizing what Moreton-Robinson (2004) has called “the possessive logic of patriarchal white sovereignty.” In this light the thesis proceeds to examine how the masters of psychiatric medicine - privileged white male experts on moral insanity - institutionalized more subtle, insidious, and sophisticated social chains in the gradual erection of the madness industry, the contemporary psychiatric complex and its myriad cultural offshoots.

Creating identities such as ‘morally insane’ was key in attempts to regulate the changing nature of Western populations by naming and blaming those deemed a threat to the so-called progress of the ‘civilized’ races and nations. As such, the thesis is informed by the anti-psychiatry literature by arguing that rather than having ‘liberated’ the insane in the nineteenth century the medicalization of morality secured a widespread dictatorship of civility discourses. The fusions of dominant nineteenth century social discourses are crucial for an historical understanding of contemporary culture and social governance, and the inter-relationship between psychology, neo-liberalism, and science.

The critical emphasis on the self, the soul, the psyche as the essence of ‘the virtual’ stuff of people, required the self-governing individual - the citizen with a civil character and normal personality. This is integral for understanding the neo-liberal governmentalities that remain crucial for twenty-first century global capitalism and Western culture’s obsession with the self (c.f. Rimke 2000b). The effects can be witnessed in popular views based upon the individualistic “human deficit model” of behaviour which purports to measure the psyche or psychopathy by increasingly sophisticated psychometry. Indeed, this is the hallmark of positivist science. The thesis demonstrates that the historical formation of the ungovernable subject as a pathological individual was simultaneously “moral and medical” (Wilkerson 1994:337) and figured prominently in the formation of dominant bourgeois culture and ‘civil society.’

1.2 The ‘Discovery’ of Moral Insanity: The Dangerous Stranger

Although the history of psychiatry is full of legendary figures such as those named above, James Cowles Prichard (Figure 1.2) is certainly not one of them. This is peculiar

given the social significance and impact of his doctrinal work on moral insanity that was used for no less than eighty years. On the other hand, when doctrinal histories are suppressed, silenced, and negated one might be especially interested in asking why such a pivotal cultural emergence is thrown into the dustbins of history. Today, Prichard virtually remains an unknown; yet, he was the first to clearly define “moral insanity” in 1833² which changed the very foundation of psychiatric medicine and the social regulation of what became known as “the dangerous classes” (Bierne 1987, 1993; Foucault 1978b; Quinney 2001; Sheldon 2001). Thus despite its monumental impact on Western culture, the social history of moral insanity remained, until now, unwritten, if not sanitized for purposes of scientific respectability and palatability which will be discussed in more detail below.

Prichard, an English physician and anthropologist studying ‘the races of man,’ was the first medical expert to systematically study and classify immoral conduct as a new species of mental illness. He owed the foundations of the doctrine to the earlier work of the French psychiatrists Pinel and Esquirol.³ The first to account scientifically for the occurrence of vice

² Some confusion exists in the primary and secondary literature around the date the doctrine was invented, or more accurately, first published. Some argue it was 1837 while others claim 1835. Although Arnold and Rush addressed moral pathologies in their primary treatises, the first mention of a “doctrine” of moral insanity occurred in Prichard (1833). Further, in the primary and secondary literature, Prichard is occasionally referred to as “Pritchard” which is a misspelling.

³ Esquirol identified and coined *monomanie* (monomania) while his student Pinel used the category *manie sans délire* (mania without delirium) to classify forms of insanity which accounted for those patients who appeared morally depraved without displaying the symptoms of psychosis or delusional states. Pinel appears to be the first to emphasize a clear definition of a rational insanity, what he called *manie sans délire* or madness without delirium, a condition he attributed to either innate perversity or bad upbringing. It should be remembered that symptoms of delirium were a fairly common occurrence due to pandemic outbreaks throughout the eighteenth and nineteenth centuries. Prior to the popularization of germ theory, which is addressed below, hallucinations carried strong connotations of the power of preternatural forces affecting the human-material dimension. For example, fevers from bacterial infections produced hallucinogenic states that were understood as a form of demonic deviance or divine contact from supernatural beings.

and immorality as a distinct human pathology, Prichard set out to systematize the disease within the annals of psychiatric medicine, which by the mid nineteenth century spread throughout Europe, the Empire and its colonies in the Americas.⁴ Acting as the complementary and correlative cultural discourse to the political discourses needed to sustain the shifting economic and cultural landscape, the ascendancy of medicine served a vital function in the development of Western capitalist societies. Providing moral sciences that could ‘know’ and thus target ‘the dangerous individual’ also implied the existence of dangerous classes as the threat to the advancements of the privileged classes. Morality - and moral codes of civil, normal conduct - thus became for psychiatric medicine a great ‘civilizing’ mission.

Moral insanity was initially described as a medical condition without any apparent disorder or defect of knowing and reasoning faculties (Prichard 1835:12-13). So broad was this conception of madness that moral insanity was conceived as “every form of mental disorder in which there is no apparent lesion of the understanding or intellect” (Tuke 1856:446). Particular emphasis was placed on the patient’s perverted moral powers and lack of self-governance while oddly appearing lucid and mentally sound.

The moral and active principles of the mind are strangely perverted and depraved; the power of self-government is lost or greatly impaired; and the individual is found to be incapable...of conducting himself with decency and propriety in the business of life (Prichard 1835:6).

Prichard’s doctrine became largely accepted with the publication of his book *A Treatise on Insanity and other Disorders Affecting the Mind* (1835) (Maugs 1941:334), and, by the

latter half of the nineteenth century, the doctrine of moral insanity made a forceful entrance on the Western psychiatric stage. According to Dr. Tuke, a large number of alienists at the end of the nineteenth century, in England and elsewhere, supported the doctrine (1891:17). By the mid nineteenth century the doctrine became the psychiatric imaginary's most powerful epithet, encompassing any conduct or desire which deviated from 'polite society' and posed a threat to the dominant social order and reorganization of social relations in a burgeoning capitalist global economy. By the last couple of decades of the century publications on moral insanity boomed (Appendix 2).

1.3 The Varieties of Moral Insanity

Moral insanity included a multitudinous assortment of social disorders (Falret 1867a:546). Diagnoses of "moral, or perhaps more correctly, *immoral* insanity" (Benedict cited in Anonymous 1851b:285; emphasis in original) occurred along a broad spectrum and continuum of severity wherein the mildest cases were identified as individuals "exhibiting a wayward character" (Mayo 1853:10). Other cases included "various forms of derangement, from the mere rascally little sinner...to the most aggravated form of the disease" (Anonymous 1851b:285). Other experts claimed that variants consisted of everything from "simple viciousness to those extremer manifestations which pass far beyond the bounds of what anyone would call vice" (Maudsley 1886:285). Displaying itself in a vast variety of forms, moral insanity embodied "eccentricities of character of every conceivable and possible kind" (Kitching 1857b:391) precisely because it affected "the innermost nucleus of the individual

⁴ Geography and colonization are addressed in the historical methods chapter.

in its emotional, ethic and moral relations" (Krafft-Ebing 1992:622). Bucknill and Tuke (1858) and Tuke (1892) classified homicidal mania, suicidal mania, kleptomania, erotomania, pyromania, and dipsomania as forms of moral insanity. Bauduy, Campbell, Manning, Maudsley, Hayes, Kerlin, Kieman, Gasquet, Savage, Skae, Wigan, and a host of other medical experts characterized moral insanity by "self-abuse" or masturbation, obscene or severe language, particularly 'unladylike' utterances and talking back to male authorities, extreme licentiousness, sexual debauchery or any form of explicit sexual pleasure, egocentricity and self-importance, indecent exposure, a desire to remain nude, nymphomania (in females) and satyriasis (in males), vagabondage and vagrancy, gambling, poor personal hygiene, laziness, prostitution, the impulse to go whoring, general lawlessness, the destruction or squandering of property or money, including a rejection of the state and the institution of private property characteristic of political militants such as socialists, communists and anarchists, but also Indigenous Peoples in the Americas who resisted colonization and imperialism. Skae writes that the morally insane with their "morbid, and incontrollable [sic], and self-destroying appetite" became "the children of impulse, reckless of personal respect, regardless of the value of money, and scorning even decency itself" (1855:777, 782). Thrift was, in no uncertain terms, a fundamental moral dictate of emerging discourses on civility and character. Hegemonic values suited to emerging subjectivities embodying values of capitalist accumulation were necessary for the Protestant work ethic so key to the rationalization of productivity. The spendthrift thus symbolized and distinguished

a poor character in the double sense⁵ A complete disregard for money was seen as the cause of a more serious disorder: ungovernability.

Campbell describes a clinical case as a ‘sufferer’ who “smoked heavily, avoided society...[is] given to quiet tippling, and is supposed to have been addicted to self-abuse” (1887:75). The application of moral insanity was so astonishing in its broad scope that it is amazing that anybody escaped the classification. That more did than did not is probably due to the lack of formal medical police, financial resources and confinement spaces. Nonetheless medical policing was primary for modern state formation where countries became ‘fields’ to experiment on the social body and its ills. Crop failures, political agitation, disease, immorality, malnutrition, and general social discontent were clustered around the notion of a healthy state of society. Conducted through nationalist systems of education, health, penal correctionism, police forces and poor law, the scientific objectification of the body politic thus concerned itself with moral and physical questions, and the relation

⁵ As an economically coercive tactic aimed at regulating the moral conduct of workers, Henry Ford, barred profit sharing (between the years of 1914-1919) if labourers failed to live up to the essentials of “thrift” and “character.” To enforce the moral codes of conduct propounded by the Ford Motor Co., a separate department was established with “the mission of standardizing the private habits of Ford employees” which, interestingly enough, was entitled the “Ford Sociology Department.” The staffers “consisted of thirty investigators who undertook to visit the homes of Ford workmen” to decide who should and should not qualify for profit-sharing. The sociological lessons of Durkheim appear to have been applied to the organization of the Ford Motor Company whereby moral education and sociology are in this instance synonymous. In attempts to “Americanize” immigrant workers, lessons in hygiene and home management were provided and the wives of immigrant workers were taught how to shop economically and “how to distinguish between various cuts of meat.” Ford also fought against “‘the evil custom’ of taking in male boarders.” The consumption of liquor was forbidden as was marital discord that resulted in separation or divorce. In striving to cultivate thrift, character, a Christian home life and “a desire to stick to the job” the investigators of the Ford Sociology Department sought to superintend the private morals of the workmen and their families. As such, the worker who was seen as “wasting his substance” and “living unworthily” had his pay cut in half. A six-point scale for evaluating “rehabilitation” was implemented whereby Ford set out to educate his workers which often required a “complete revamping” of their “lives and habits” (Lee 1916: 307; Sward 1959: 58-60, 79).

between the two. This produced a new object of governance, the individual body as physical and moral citizen witnessed by the emergence of nineteenth century ‘public health’ programmes, such as sanitary science, preventative medicine, the science of hygiene, and political medicine (Carroll 1986). This signalled a historical shift in state authority and intervention in the everyday lives of citizens who needed to be healthy and productive: monarchical power that exercised the right over death was replaced by administrative forms of rule which began exercising the right over life (Foucault 1990:135-9). The psychiatric apparatus thus socially intervened in the moral matters of the biopolitical formation of capitalist society.

1.4 Bourgeois Fears and Anxieties

Undeniably *social and moralistic* in content, form and assessment, psychiatric medical agents began to create a niche from which to act and govern as the new moral experts on social and moral disorder. The gateways provided by the work of eighteenth century physicians mapped a path to further objectify “the interior” or “the psyche” in nineteenth century science. The moral panic over the growing evils and ills of modern society provided the catalyst for a science of the soul (psychology) to emerge. Rather than attribute the cause of insanity to an exogenous demon causing mental disorders, the new modern imperialist sciences insisted that evil was disordered physiology due to organic or endogenous causes rooted in the body itself. As such, the soul became the medical object to study, know, regulate, reform, treat, and cure. In effect, multiple discourses produced the non-discursive formation of moral insanity which further entrenched discursive moral regulatory practices in all spheres of social life. The social role of determining the scientific

bases of moral pathology were firmly placed within the field of psychiatric medicine and complemented an already moralizing social terrain. Psychiatrists borrowed, appropriated, created, and refined cultural values and assumptions that appeared to them as ‘natural.’ Entrenching the taken-for-granted social norms and codes of ‘civility’ as reflections of their own class, bourgeois morality became the basis for the use and constructions of moral insanity as an organic phenomenon.

Psychiatrists readily admitted that they must ultimately rely upon ‘common sense’ knowledge. This means that “any scientific understanding of human action...must begin with and be built upon an understanding of the everyday life of the members performing those actions” (Douglas 1970:11). Moral insanity, then, was not a ‘psychiatric fact’ waiting to be discovered in nature; rather, it was a representation, embodying specific social assumptions and social dictates about what the normal moral person should be like. As an abstraction, the doctrine posited a virtuality, known only through its effects (its performativity), which was territorialized on the body and actualized in notions such as moral disease, lesions, or the brain as a moral organ. Such actualizations were further rendered visible through human scientific regimes producing and maintaining the moral and intellectual leadership of the historically dominant cultural and economic blocs by deploying respectable science to bolster and fortify middle-class morality and culture.

1.5 Conclusion

The birth of the modern psychiatric complex and industry should not be approached as one small movement amongst many, but as inextricably related to political, economic, cultural, technological, religious, legal, geographic, scientific, philosophical, medical,

philanthropic, and moral purity movements. The history of moral insanity must be understood within the historical framework and effects of these wider movements and forces, all of which are imperative for understanding social change, social problems, and social existence both historically and contemporarily. Understanding the historic inter-relationship of social movements, forces, and events is indispensable for historically situating contemporary social and political questions posed by the dissertation: What is moral insanity? Why does it emerge? When does it take place? How does it become articulated and administered? By whom? What is its place in the nineteenth century? The dissertation thus draws on a broad set of historical sociological approaches and sets out to provide a radically post-structural historical approach by analyzing the social history of the doctrine of moral insanity as an important case study in the history of the human sciences. It aims to provide a radical historical political account of the rise and significance of moral insanity as the positivist attempt *par excellence* in the modern project of rendering certain social groups as inferior who needed to be targetted and controlled above all else.

Figure 1.1 Wayland's *Moral Science*

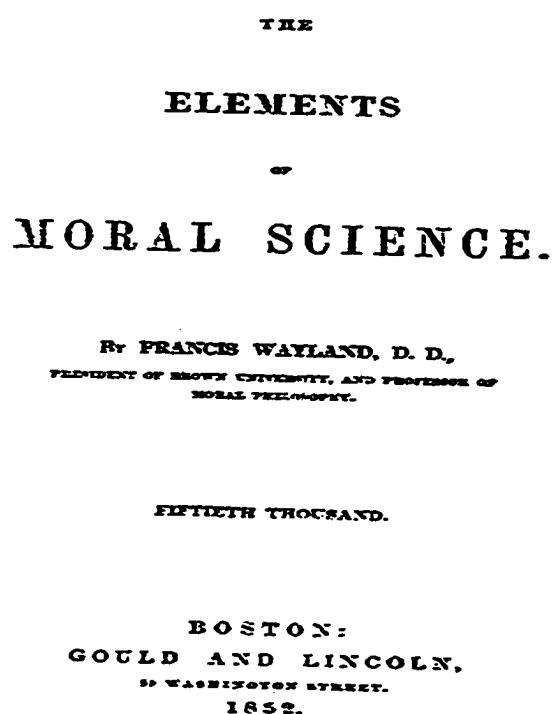


Figure 1.2 Dr. James Cowles Prichard (Frontispiece in Tuke 1891a)



J. C. Prichard.

CHAPTER TWO: THEORETICAL FRAMEWORK: SITUATING THE RESEARCH

Historically and contemporarily, the discipline of psychiatry is generally assumed to be strictly a science of the mind, an expert discipline on the inner life (processes and experiences) of atomized human beings. Although there is no doubt that psychological medicine or psychiatry as a disciplinary regime and social apparatus has aimed at knowing and governing the mind, the point here, following Foucault, is that it does so primarily by operating on, and investing power in, the body. The emphasis on the mind as an object to be deciphered, mapped, known, and treated is a recent development in the history of the human sciences. What is probably less known is that psychiatric medicine was initially concerned with the soul, and specifically, a pointed concern with the moral nature of transgressive souls as an aberration due to nature rather than supernatural forces. This problem formed a central axis of scientific examination for locating immoral impulses in the body of individuals. The emergence of the doctrine of moral insanity as a clinical entity provides a significant point of entry for understanding the medicalization of morality as a process of psychocentrism which gradually colonized the cultural field in modern society. The major effect of reducing human beings to psychological attributes has provided the dominant cultural discourse for the pathologization of immoralities in the history of the human sciences. ‘Immoralities’ is intentionally pluralized in order to emphasize multiplicity and heterogeneity in the social history of governing morals.

2.2 The Research Problem

The thesis argues and demonstrates that the doctrine of moral insanity provided

human science experts with a convenient moralizing science to enforce white, Protestant, Anglo-Saxon, the emerging “civilist” middle-class values on the rest of the world. Civilism is theorized here as those sets of discourses (practices and principles) espoused, produced and regulated by the ‘respectable middle class’ such as medico-moral governors in the human sciences: hierarchical divisions between the civilized and the uncivilized became the norm for ‘civil society.’ Moral colonization was inextricably intertwined with the emerging capitalist economy and dominant social order and should therefore be understood within that socio-historical context. In fact, the emergence of ‘psychological dangerousness’ is key in the developing popular cultures of (white) ‘civil’ societies and their attendant rhetoric, discourses and displays of moral superiority. Such an account can help situate the emergence of psychiatric hegemony in the West.

The basic argument of the dissertation is thus twofold: first, I argue that moral insanity should be understood as the first recognizable and systematic attempt to ‘pathologize immoralities’ within the framework of the human sciences; second, the means by which the mad were administered to was by a ‘psychography’ - an exterior corporeal signage which was taken to stand for the interiority of the subject. This involved a process of rendering the invisible interiority mappable in/on/through the body which was further premised upon nineteenth-century technical practices, I refer to as an ‘hermeneutics of the body’ (as seen in craniology, sarcognomy, phrenology, and the like). “Dangerous” bodies were thus apprehended as bio-social texts which were ‘read’ and interpreted by the signs perceived as objective and significant by the gaze of experts. Assumptions about the interior thus steadily emerged, eventually shaping the informal interactions and evaluations of the Other. Because

the soul comes to be understood in dominant Western discourses as ‘inside the body,’ it could not be seen except through its visualization via the materiality of the body to determine the moral nature of the person. In order to “materialize” the pathologies of souls, psychiatry needed ways to investigate, document and present such an existence and reality. Psychiatric readings of the soul occurred via the body generating a rational scientific discourse on the embodiment of immorality as localizable, measurable, representable, and identifiable as ‘serious matters’ best left to scientific expertise and enterprises. Generally following Butler (1993), Law (1999), Prodger (1998) Raissiguier (2003), Saldivar (1997) and Tolentino (2003), ‘matter’ is understood here, in two primary and related ways: first as a concern, issue, or problem to be addressed and solved; and second, as ‘stuff’ or the materialities of existence.

As for the social forces which contributed to the invention of this doctrine, the dissertation seeks to interrogate the ways in which preconceptions of social class, race, sexuality and gender underscored ways of identifying, inscribing, and pathologizing different bodies as insane. Such an emphasis concentrates on how psychiatry as a key player in the cultural sphere both recreated and reproduced social and moral categories of difference under the veneer of “objective science.” The dissertation is concerned with what Dorothy Smith (1990) refers to as “the relations of ruling,” in which an assemblage of scientific narratives, discoveries, inventions, technologies and practices have developed over time and contributed to the production of abnormal subjects of morality. These are categorized by the epithet “moral insanity” (now designated under the category of personality disorders).

2.3 The Psy Complex

Implicitly, the dissertation challenges leaving understandings of the psyche or character solely to the dominion of the psychiatric establishment. It therefore inquires as to how the production of morally abnormal interiorities was historically instituted and constituted according to the authority of the “psy complex.” The sociological conceptualization of the “psy complex” draws on the work of Foucault, and has been developed by Ingleby (1983) and Rose (1979, 1985, 1990). It is conceived as a heterogeneous network of agents, sites, practices, and techniques for the production, dissemination, legitimation, and utilisation of psychological truths (Rose 1985). Psychiatry is here understood, following Castel, as an apparatus that is comprised of scientific claims, special institutions, specialized personnel, a professional mythology, and special laws and regulations. This sort of apparatus is neither true nor false, but at a given moment becomes part of a debate on truth and falsehood (1995:238). The theoretical conceptualization takes the psy complex as a hegemonic cultural formation comprised of a loosely defined group of experts through their professional and moral status, particularly psychiatrists, psychologists, psychiatric nurses, psychotherapists and social workers. It is important to note that from the perspective employed here that the historical formation of the psy complex is inextricable with the emergence and maintenance of liberalism in dominant Western culture. As influential agents psy experts are intrinsic to capitalist hegemony by propping up the dangerous individual through psychocentric discourses and practices involved in categorization processes. The value of such a conception is to seek the historical workings of social power in its minute and unquestioned or overlooked operations.

Psychocentrism is a distinctly modern phenomenon in the West where all human

problems were increasingly viewed as individual deficits rooted in the psychological make-up of the individual. The contemporary dominance of psychological models is antithetical to the sociological imagination, particularly its indifference to historical and social forces. Psychocentrism can thus be defined as those approaches that use an individualistic psychological model to understand and explain behaviour. Psychological domination has invaded all spheres of life thus contributing to “pervasive transformations of the very ‘nature’ of man [sic] and the conditions and aims of his life” (Mills 1959:13). As a pervasive contemporary force the “psy complex” and its processes and techniques of subjectification contribute to the constitution of psychologized subjects who are subjected to an array of ‘truths’ professed by “psy experts.” This has resulted in a psychologically-oriented culture in which psychiatry enjoys its moral authority as a form of capitalist expert knowledge based upon individualism. The Western world is understood and organized according to the psy complex (Rose 1979, 1990, 1996; Rimke 2000, 2003).

2.4 Literature Review

Although it has received little attention in most histories of madness and is virtually absent from studies in moral regulation, the sociology of medicine, the sociology of deviance, and in social histories of psychiatry, the emergence of the doctrine of moral insanity was a crucial development in the expert production of transgressive or subversive (deviant, dangerous, immoral, uncivilized, abnormal, etc.) social subjects within the history of the Western sciences. While discussions on psychiatric classifications in general have been commented on by some historians such as Roy Porter (1987, 2002), Andrew Scull (1979, 1989, 1993), Constance McGovern (1985), Charles Rosen (1968) and Edward Shorter

(1997), curiously little critical attention has been placed upon the social significance of the historical emergence of moral insanity. The overwhelming majority of social histories of madness have overlooked this significance while those who have not have tended to place the category under a general discussion of ‘moral management’ or ‘moral treatment’ which must be understood as a relatively autonomous historical enterprise not necessarily related to the development and acceptance of the doctrine of moral insanity. Further, the history of madness is almost always written as a history of ideas. The thesis has a different aim. An alternative approach to a concept-dominated historiography (c.f. Beers 1996; Berrios 1996, 1999; Harre 1962; Riese 1951) would be one which moves beyond traditional social histories of madness which tend to emphasize the role of concepts and ideologies to one which situates its central focus on materiality, practices and power. Premised upon the conviction that we cannot understand the history of madness explained by physiology, scientific discoveries, technologies, or the progress of ideas alone, the thesis focuses on the clusters of scientific values, narratives, relations and representations which were integral to the establishment of a relationship between the visible body and the invisible depth of its interiority as a product of social practices. The dissertation is critical of the dominant traditional rational definition of insanity - that regards the mind and Reason as the basis and legitimization of rendering certain social groups deviant. Instead, the role of social power and the body is placed central within a post-structural materialist framework.

Analyses and commentaries on moral insanity are generally situated within: 1) the historical sociology of professions and occupations which emphasizes the functioning of a professional ideology within the history of ideas (Augstein 1996, 1999; Fee 1978;

Goldstein 1984); 2) historical medicolegal studies (Belkin 1996; de Saussure 1946; Sadoff 1987; Wilson 1995); or 3) the history of medicine tradition written by friends of the discipline which either provide a celebratory reading of scientific developments and progress (Alexander and Selesnick 1966; Berrios 1996; Cartwright 1977; Quen 1964; Waldinger 1979; Zilboorg 1941) or *tout court* reject the argument that moral insanity in any way figures in the history of contemporary psychopathology (Berrios 1996, 1999; Ellard 1988; Harms 1967; Whitlock 1967). For example, the secondary literature is marked by confusions and misunderstandings over the term moral insanity. Neo-revisionists Whitlock (1967) and Berrios (1996; 1999) argue that the term moral insanity was not concerned with anti-social disorders or immoral conduct and thus has “nothing to do with present-day concepts of psychopathic disorder” (Whitlock 1967:72). These historical claims are particularly strange in light of overwhelming evidence to the contrary. Eigen (1995), Skultans (1976), and Smith (1985) claim, on the other hand, that the “moral” in moral insanity referred to a perversion of “feelings or affections” rather than an ethical deficit. Historical analyses of moral insanity, such as these, are guilty of systematically ‘reading out’ the significance of historical relationships between morality and psychiatry which abound in the primary and secondary literature, as this dissertation demonstrates. This general tendency to present a ‘sanitized’ history of medicine is consistent with the wider attempts to view and present psychiatry as an ‘objective,’ ‘value-free’ and ‘neutral’ scientific enterprise wondrously autonomous from the cultural realm. For example, Berrios (1996:12) claims that the history of psychiatry needs to distinguish between “cultural noise” and “cultural quirks” and that which counts to the serious scholar of psychiatric history: biology and biological signals, as though psychiatry is

beyond the forces and relations in the social world. The thesis is thus a response to the argument that social analyses are only relevant to the historical study of "institutions." The *content* of psychiatric literature is thus interrogated.

Fee (1978) argues along classical Marxist and feminist lines claiming that moral insanity was a vantage point to understand and control social deviance from the perspective of a bourgeois ideology. She argues that criminality constituted the masculine form of antisocial conduct whereas the diagnosis of insanity was more often used in attempts to classify female deviance. In fact, in cases of moral insanity, anti-social tendencies were ascribed to both genders as forms of madness. Rather than advance the 'social control thesis' or the other extreme - that moral insanity was a 'neutral' category which did not rely on sociological referents, as Donnelly (1983:138) claims - the dissertation demonstrates that the medical literature on moral insanity was shaped and informed by non-linear, heterogeneous and combinatory movements which were indisputably social. The arguments are less concerned with providing a formal medico-legal analysis of moral insanity⁶ within a history of ideas tradition. A radical genealogical analysis can account for the ways in which those things, as Nietzsche and Foucault pointed out, are presumed to have no history - the soul, truth, virtue, morality - were translated, reformulated actualized and contested in the profoundly heterogeneous disciplinary domains in the history of the human sciences which were marked by ambiguity, tensions, and contradictions about morality and moral authority

⁶ For analyses of this kind see Belkin 1996; Eigen 1995; Dain 1994; Sadoff 1987; Schneck 1966; Wilson 1995. Although the arguments presented here are less interested in these conventional medico-legal questions, which have been addressed *ad nauseam*, Chapter Six addresses the production of their historical articulation in relation to moral insanity and social authority.

throughout the nineteenth century.

2.5 Theoretical Argument

The dissertation argues that a psychiatric science of morality was premised upon a materialist conception of the soul which was expressed, confirmed, and embodied in one's character and therefore inscribed onto bodies by a kind of 'caricaturization' according to one's membership to certain social groups on the basis of age, ethnicity, gender, sexual practices, class position, appearance, locality and so forth. The scientific efforts to provide a medical doctrine of immorality, I argue, was advanced through an hermeneutics of the body because the soul was non-empirical yet viewed as 'housed' in the body and only knowable through bodies of scientists, bodies of texts, scientific bodies and subjugated bodies. Corporeal interpretations and inquiry into the depth of the soul entailed the imposition of reading social differences into and onto bodies of the Other. This calls for an examination of the relationship between theoretical abstractions which hinged upon empirical observations and determinations in the history of psychiatry. Such observations were held to be actualizations of otherwise intangible objects and statuses such as the soul, vice, virtue and moral insanity.

One of the principal operations of this emergent Enlightenment positivist psychiatry was the provision of a scientifically constructed framework deployed to oversee the 'health' of disruptive and otherwise 'abnormal' individuals. Psychiatry became the authoritative medical expert on the soul and the 'nature' of human morality. The basis for this authority was the intersection or 'collusion' of both religious and medical discourses which can be likened to 'a medicine of the soul.' The dissertation examines the doctrine of moral insanity

to examine how the problem of immorality became pathologized through psychiatric discourses which hinged upon the materialization of the soul and the literal embodiment of morality which actualized ‘the dangerous soul.’ The emergence of moral insanity as a clinical entity is a significant case study which provides a point of entry for understanding the historical and social constitution of the morally pathological subject as a ‘new’ medical problem in the annals of mental and moral hygiene.

A hermeneutics of the body, as an analytical tool for understanding how bodies are read as social texts infused with social meaning, suggests a way in which internality can be understood without postulating any prior interiority as essential. This is paramount in understanding how subjects are constituted through social fields of signification, evaluations, and interweaving chains of articulation and presumption. The force of exterior relations of power have both ascribed and inscribed qualities into and on the body. This should be understood as a practice which assisted in the psychiatric creation and visibilization of morally and socially transgressive ‘interiorities.’ Rather than starting from the position that normative values and moral codes are static and unproblematically internalized into pre-existing interiorities, this dissertation seeks to demonstrate how psychiatry, as a positive science, contributed to the production of interiorities which are recognizable only through corporeal subjection. Instead of assuming that the *a priori* existence of interiorities and the meanings of bodies is prediscursive (that is, as possessing an inborn essence), the interiorization thesis emphasizes how the interior is itself a product of warring cultural and historical forces and conflict. To demonstrate how bodies are reduced to psychologized subjects, I argue for a sociological notion of the body as a text in order to interrogate and

elucidate how a “hermeneutics of the body” operated in psychiatric practice which relied upon a psychographical logic that mapped the interior of the body in multiple ways. Intervening as moral authorities for the health of society, experts became the privileged readers of dangerousness by virtue of their privileged moral, economic, and cultural status as medical doctors. Further, the dissertation examines the means by which experts used their own fears (and ignorance) to define who and what were considered social dangers: the pathologically dangerous were those social subjects that posed a threat to capitalism.

By charting the materializing processes which produced the doctrine of moral insanity the dissertation demonstrates how psychiatric science relied upon an assemblage of material and discourses to prove and validate its qualifications. This occurred through a complex social matrix of bodies, practices, and knowledge to establish the truth of moral insanity. Material explanations were expected. For scientific reasons alone, materialism was imperative; the moral became a matter of both the mind and the body, whereby morality/immorality through psychiatric discourses started to become socially entrenched as a powerful cultural binary. The moral and material were necessarily collapsed into an inextricable ‘ensemble’ where the soul was a matter of the body in the form of a disease through ‘the moral physiology of the flesh.’ The ‘new’ object targeted was thus the dangerous soul - the prostitute, the gambler, the anarchist, the drunkard, the bandit - the disobedient and ungovernable. Bodies were appropriated as inherently possessing a scientifically divine truth in its very constitution that needed to be ‘discovered’ or ‘uncovered’ by the application of ‘science.’ Prichard was especially keen to accumulate colleagues’ experience of morally ungovernable subjects in their practice. In a letter written

to Dr. William Tuke,⁷ dated July 22, 1834, Prichard writes:

I am desirous of knowing whether you have observed (at the York Retreat) any cases of moral insanity. By that term I distinguish the mental state of persons who betray no lesion of understanding, or want of the power of reasoning and converse correctly upon any subject whatever, and whose disease consists in a perverted state of the feelings, temper, inclinations, habits, and conduct. Such individuals are sometimes unusually excited and boisterous; at others dejected (without any hallucinations), sometimes misanthropic (cited in Tuke 1891:14).

Towards the end of the nineteenth-century terminological strategies surrounding moral insanity emerged. It became alternatively referred to as moral imbecility but it was still signified by a predominance of ethical defects, and an inclination to immoral and dangerous conduct which was viewed as producing serious conflicts both within and outside the family (Barr 1895; Ellis 1896; Kerlin 1887). Barr (1895) and Kerlin (1887) also claimed that moral imbeciles suffered from an aesthetic deficiency which was proven by their “bad” and “poor” tastes. Moral insanity was thus also conceived as a deviation from good ‘taste,’ or in other words, lacking bourgeois character and morality. Lord Shaftesbury believed that the progress of science had a favourable influence upon the morals because it brought a perfect union between the dictates of reason and taste. Immorality was thus an “offence against the highly cultivated taste of the French and English nations” (Rush 1839:9).

Other terms denoting moral insanity included moral daltonism, moral idiocy, voluntary insanity, emotional insanity, impulsive insanity or inhibitory insanity.⁸ Kerlin’s

⁷ Father of Daniel Hack Tuke, and the founder of the York Retreat in England 1796-1914.

⁸ Tuke, like others, accepted the disease species but was especially reticent to accept the phrase moral insanity and often referred to it as “emotional” or inhibitory insanity.

convictions that moral imbecility was a real and serious form of madness based his conclusion upon his clinical observations of an “incipient prostitute,” a burglar, “a hereditary religious hypocrite and egoist[,]...a confirmed juvenile tramp and incipient confidence man.”⁹ The appraisals of the purity and dangers of the flesh, then, provided the scientific material to constitute the pathologic psyche or dangerous soul. The discourses on the soul, which the dissertation emphasizes throughout, were multiple, contradictory and emerged within an Enlightenment positivist human science complex where the soul was the materialized as a non-empirical matter that acted through the flesh of the individual. Thus, although the soul was “intangible” and essentially virtual, it became an object of human scientific inquiry by interested medical experts. Shields (2003) provides a theoretical terrain for addressing the intangible as real but which exists primarily as an ‘ideal-real.’ Such a conceptualization helps explain how the non-empirical (the soul, morality, human nature) must necessarily rely upon empirical methods to actualize the existence of the intangible or non-empirical.

Foucault emphasized the way in which knowledge both forms substances and formalizes functions through language, and how the subject is both the target and object of power. The dissertation further examines how scientific discourse informed and formalized the material production of the pathological soul as a target for social governance. This mode of analysis allows the material effects of discourse to be taken seriously without reducing ‘discourse’ and psychiatric categories to a linguistic understanding but still attends to the

⁹ Kerlin, the vice-president of the Philadelphia Neurological Society, read this paper at a general meeting. Medical experts who attended the meeting, and contributed to the discussion, included: Harriet Brooke, E.N. Brush, Francis X. Dercum, James Hendrie Lloyd, Charles K. Mills, and H.C. Wood. It is significant to note that in all the research, Brooke is the *only* female expert to publicly comment on moral insanity.

social significance of language, narrative, and rhetorical strategies. While Foucault advances the idea that discourses are brought to bear on the surface of the body, the dissertation suggests that the discursive production and inscription of morally insane (bodies) in the nineteenth-century operated on manifold levels. Therefore, rather than placing central emphasis on ‘the gaze’ of tissues and organs, as penetrating the underlying intelligibility of illness, the dissertation’s approach is one which draws out the relationship between wider corporeal meanings and social markers as they were marshalled to ‘naturally’ display the inferior interior through techniques of exteriorization. Thinkers such as Nietzsche, Merleau-Ponty, Foucault, and Deleuze have highlighted the notion that the body must be brought together with the question of power, and I highlight the particular systems of symptoms, organization, meaning, representation, and documentation that inscribe their relations on and in the very assemblage and inscriptions of bodies of the morally mad. This will illuminate the social content and context of psychiatric knowledge and how the apprehension and constitution of a psychiatrized morality was bound up through the body as the hazardous play of social forces and relations of power.

The usefulness of critical studies in science and medicine has historicized science, situating it in its social and political context, and emphasizes the local and contingent character of knowledge production. In this framework we can talk about “socio-corporeity” that refers to the condition of making material substance that affirms the materiality of the body without losing reference to lived experience. This offers an alternative to the dichotomies of micro/macro, material/immaterial and objective/subjective and instead emphasizes the practices of investment in socio-material spaces colonized by governed and

governing forms (Carroll 1996).

While research in the area of the social studies in science has provided important inroads - both theoretically and methodologically - for understanding the cultural, historical and social production of scientific knowledge by focussing on material practices and technologies, what remains to be clarified is a critical analysis of the psychiatric sciences in relation to social strategies of knowledge production and social hierarchies. This is particularly so for understanding how psychiatric science - its methods and analyses - institutionalized immorality as a human pathology. As such, the thesis seeks to develop an approach which places central focus on psychiatric sciences, and can be likened more to a radical social study of psychiatry. Such an approach borrows from the growing interdisciplinary scholarship within culture and science studies in the sense that it similarly emphasizes the culture of science and the materiality of practices but significantly moves beyond such considerations to the extent that it places the role of the embodiment of morality central to the analysis. In this sense, my approach focuses on the historical establishment of psychiatric practices which materialized the interior through scientific discourses and practices. The thesis thus takes the position that the nineteenth-century 'discovery' of moral insanity historically contributed to what de Swaan (1990) has called "the management of normality."

The analysis and presentation of these matters move beyond what one typically finds in the annals of medicine or psychiatry. They are organized and examined differently, as the methods chapter outlines. Rather, the emergence of the doctrine of moral insanity in the nineteenth-century is analyzed as a productive and positive discourse. By doing so the

dissertation demonstrates that psychiatry as a “medicine of the soul” contributed to the marginalization of social differences in its productive formation of moral pathologies. The dissertation thus implicitly interrogates and challenges the notion of human interiority as fixed, essential, biological and ahistorical, and provides an illustration of how social practices both contribute to, and are the result of, exterior processes and social relations of power. In this sense, the dissertation seeks to provide an historical analysis of the psychiatric constitution of transgressive interiorities as pathological.

Although a direct relationship between morality and medicine will be constructed, the point is not to dispel the evidence on which the “discovery” of moral insanity was based, but to ask: “How was moral insanity established, and how can we understand its scientific production of the immoral soul as a material entity that could be identified, known, and thus regulated? Through what scientific means and practices did immoral conduct come to be seen and treated as a human moral pathology rather than simply sinfulness? How was moral insanity explained, treated, and combated by nineteenth century experts in Western human sciences?”

While the theoretical approach can clearly be understood as an account which challenges and decisively repudiates ‘objective’ approaches to the body and science, it is also, and perhaps more importantly, a work which anticipates and maps a history of the materialization and scientification of the soul and morality within the context of historical psychiatric narratives. Following Weisstein and Stehr (1999), the position taken here is one that does not reduce psychiatric science to a *pseudoscience* but rather, and much more significantly, recognizes the historical context whereby expert research, findings, and

practices were considered to be rigorous and authentic conducted by highly respected medical authorities. This means that psychiatrists need to be understood as agents who possessed a socially recognized form of authority that legitimated their capacity to speak and act on the matters and subjects of human essence, social conduct, and morality. Human scientific discourses elevated the medical desire to establish the nature of social subjects, who rejected, resisted or ignored dominant moral codes of ‘civilized’ conduct.

The psychiatric field is thus explicitly intended to explain human behaviour; in the case of moral insanity, it meant to explain immoral human behaviour. By examining and interrogating the techniques and technologies of psycho-scientific projects intent on understanding different bodies as a means to mediate immoral souls, this dissertation provides a post-structuralist historical understanding of the psychiatric governance of subjects. By emphasizing the soul in relation to the corporeal body, the dissertation provides a social and historical understanding of how strategic representations through both texts and practices contributed to the production of pathological interiorities inscribed upon those individuals who, in one way or another, challenged, or resisted the civilizing process of modernity. The constituting forces of such a production, I will argue and demonstrate, attempted to reduce the multiple to the singular, the invisible to the visible, the immaterial to the material, and the unknown to the known. The distinctions between nature and culture, private and public, inside and outside, self and society, moral and normal thus either collapsed or were unremittingly reformed through scientific advances. These are probably best understood as ‘interweaving discourses’ of authority which resulted in multiple human scientific theories (social Darwinism, physiognomy, degeneration, etc.) which attempted to

materially demonstrate ‘the natural processes’ which contributed to, or produced, the unfit human.

2.6 Structure of the Dissertation and Chapter Summaries

Chapter Three outlines and discusses the historical methods used to collect and analyze the material on moral insanity. It provides an account and outline for conducting a radical genealogy as distinguished from liberal Foucauldian research or ‘liberal histories of the present.’ Chapter Four provides an overview of the doctrine of moral insanity thus outlining its contours and the different types of conduct the classification captured as pathological. It highlights the social nature of the disease and outlines the aetiology, treatment, and prognostication of moral insanity. My purpose in Chapter Five is to examine how the interior space of the subject was created and organized through an ensemble of discourses focussing on the moral faculty, the passions, intelligence, the will and character as units of perceptibility. It argues that psychiatry relied upon the ordering and consequent hierarchy of interior faculties which resulted in a notion of the bad character as the embodiment of immorality. I suggest that the interior organization of the morally insane produced a discourse on dangerousness by introducing ‘the moral faculty’ as distinct from intelligence. Chapter Six provides an overview of the historical debates surrounding the doctrine, demonstrating the difficulties psychiatric experts faced in advancing moral insanity as a ‘new’ and valid doctrine based upon scientific evidence and truth. It claims that the debates were productive in the refinement and development of the doctrine despite resistance rooted in legal and religious, and even medical, opposition. It also demonstrates how reigning religious discourses fed into the theological nature of psychiatry. Chapter

Seven examines how psychiatry established itself as a medical science of the soul by examining both materialist philosophies and the scientific narratives of hereditary moral degeneration. It also examines the germ theory of vice which relied upon social understandings of moral disease as contagious and infectious. Chapter Eight analyses the material production of moral insanity by focussing on the practices and technologies deployed by psychiatry in the process of classifying, quantifying, and qualifying moral transgressions scientifically. Chapter Nine argues that the theoretical abstractions and principles of the doctrine were verified scientifically through empirical determinations of bodies which were inscribed and read as social texts. The dissertation concludes by arguing that in the case of moral insanity the social history of psychiatry should be understood as a hybrid discourse which retained theological conceptions of the soul and morality within a framework of medical science in its attempts to become social experts on the nature of civility. As such it excavates the discourses and practices that constituted a morally insane social group in the formation of Western capitalism and its inherent legitimation of social inequalities.

CHAPTER THREE: HISTORICAL METHOD: A RADICAL GENEALOGY AS CASE STUDY

Under the guiding star of Enlightenment historicism, it was a relatively straightforward matter to tend to the garden of history by replacing old quadrants or adding new sections – now demographic history, social history, the history of *mentalities*, and so forth. With the full cultural turn, hordes of gardeners are planting exotics and hybrids in squatter claim plots that used to belong to the larger garden of history. The gardening has become undisciplined, and there is no end in sight (Hall 2003:158).

The hallmark of genealogical work is that it struggles to establish itself as a powerful alternative to the dominant forms of knowledge production and to the social role knowledge occupies in relation to power (Bove 1986:12).

Social constructionist approaches are common to both new and traditional frameworks for studying the historical sociology of deviance. Most critical empirical studies rely upon trajectories that emphasize the role of social power and conflict as intrinsic to the social construction of deviance. The dissertation uses a radical poststructural historical method to analyze the social historical significance and ‘career’ of the doctrine of moral insanity in the context of the Western civilizing projects based upon moral regulation. Influenced by diverse qualitative methods and radical thought, the thesis employs a historical sociological sensibility by providing an “alternative reading” and critique of dominant historical accounts of the doctrine found in the literature review. It is a methodological approach that brings together multiple perspectives and concepts as well as an interpretation of empirical texts that emphasize inscription practices and materialities of communication (Lenoir 1997, 1998; Prodger 1998).

Emphasizing the materiality of communication indicates a transformation in the history and philosophy of science studies in general (Bishop 2001). Critical science studies

also have had a significant impact on sociological thinking about science, philosophy, and medicine, particularly the concern “with the material configurations of power” (Bove 1986:10). In this sense, relations of power and domination are no longer solely material relations; they are inscribed by their cultural manifestations (Hall 2003:160). As such, the dissertation explores the social production of moral insanity by mapping the social and moral discourses employed in the clinical construction process emphasizing the growing importance of nonhuman objects. The research is part of a wider attempt to understand how a radical Foucauldian genealogy can account for the present psychocentrism in popular culture. Poststructuralist critiques of naïve empirical forms of historical representation and grand narratives of progress have informed the methodology. It thus draws from radical studies that reject the idea that research is objective, universal, and value-free. It employs critical interpretive assumptions drawn from poststructuralist approaches to reading and writing history, theory, and nonquantitative methodologies. The chapter explains the methodological assumptions and approaches used to provide a critical account of the doctrine of moral insanity. It rejects positivism, the notion of universal progress, and essentialism by primarily employing a “Foucauldian tool-kit” (Gordon 1996:253) to examine psychiatric discourses which attempt to “qualify, measure, appraise and hierarchise” in the name of social refining (Foucault 1978:144).

Genealogy is subversive to the values of the leaders of the authorized sciences that do not problematize knowledge (Bove 1986:20). It acknowledges the violence exercised by powerful individuals and institutions which structures and produces a culture by obscuring the memory of its own social power (Aldama 2003a, 2003b; Bove 1986; Flores-Ortiz 2003;

Grosz 2003; Appendix 6). Thus, what is seen and said and what is not are philosophical and cultural questions important for discerning social processes and relations, as well as themes, patterns, and breaks, anomalies, and continuities. According to Hamilton (2002) contemporary critical researchers share certain basic methodological assumptions. First, the primary research question focuses on social relations of power. Second, social power is conceived as a dynamic structuring force that is unequally distributed and exercised. Third, theory is privileged over method in the sense that one of its aims is to produce social critique rather than pure, objective knowledge. Fourth, the role of values is acknowledged in the processes of producing of knowledge. Fifth, critical research has its roots in radical thought. Finally, critical research seeks to produce knowledge that will effect positive social change concerned with human emancipation and human dignity. Critical historical studies thus emphasize struggle and difference instead of harmony and consensus thus opposing “the liberal pluralist notion of social power which sees power as potentially equally shared and as neutral” (2002:10).

The blurring of humanities and social science boundaries has resulted in “a quiet methodological revolution” bringing closer together a mutual focus on an interpretive, qualitative approach to research and theory which is nonetheless still defined by tensions, contradictions, and hesitations (Denzin and Lincoln 2003:vii). Fraught with debate, disagreement and - sometimes incommensurable differences - the growing *Methodenstreit* or “dispute over method” is witnessed by the conceptual, theoretical, and methodological changes that have blurred the boundaries between sociology and history (Weinberg 2002:13). The *Methodenstreit* brought to the fore a bundle of epistemological questions left unresolved since

Kant – whether historical science could be objective; what its relation to values might be; whether science requires a unity of method or special methods appropriate to the domain of human affairs; and what the prospects for generalizations might be in the face of the uniqueness of history, as John Hall has written (2003:153). Thus rather than viewing social constructionist approaches as simply an endless series of collectively spun subjective conversations or stories (Czarniawska 2004:7), critical approaches and understandings of the role of narratives in constituting social realities emphasizes that every conversation involves social “positioning” where we are never the sole authors of our own narratives.¹⁰

3.2 Historical Sociology as Postdisciplinary

Methodological approaches in historical sociology are the sets of tools and practices needed ‘to account for’ one’s research problem and line of questioning. Accounting for one’s study, approach, material/data, interpretation, process, results, and conclusions in sociology is usually framed in opposite terms, as either quantitative or qualitative research, with the former parading as objective or neutral science and the latter as unscientific subjective interpretation (Czarniawska 2004; Hall 2003; Hamilton 2002). These false dichotomies between science versus interpretivism and between particularizing and generalizing sciences has been further divided by university faculties leading to the false assumption that one approach or the other is both empirically wrong and epistemologically specious (Calhoun

¹⁰ Conversations are marked by multiple social processes of negotiation, acceptance and rejection, misinterpretation and misunderstandings (Davies and Harré 1991).

2003:385).¹¹ Positivist approaches to historical method are problematic for several reasons. First, such approaches laud the great accomplishments of “high culture” or civilization as the ultimate human achievement. Second, is the problem of historical continuity, a result of writing history without theory. Third is viewing the timeless achievements of elites at the expense of popular culture. Fourthly, it naively promotes the values of scientific objectivity and neutrality (Hall 1999:221-4; Hall 2003:153, 156). Radical genealogy interrogates canonical texts and interpretations whose material institutionalization relies upon some version of the “great tradition” of “men of genius.” It exposes what the official truth omits and excavates traditional accounts that have “suppressed almost all record of the existence of these documents and the network of cultural and social order that they helped to constitute” (Bove 1986:18).

Methodenstreit can be seen in another debate between *microhistorie* and *histoire de la longue durée*. The “fear of Whig history” has lead many to avoid broad generalizations about the course of history. The opposite extreme, on the other hand, extracts details about the past without concern for social and historical change (Calhoun 2003:384). This is not just a matter of simply adding “social context” to historical analyses or providing a “historical background” to sociological analyses (Abrams 1982). Disciplinary borders, when presented in an either-or logic, draw limiting, restrictive boundaries and divides by implying distinct research approaches, methods, and problematizations. The greater awareness of the collapse of any

¹¹ The history of knowledge production has been the focus of diverse intellectual trajectories significant for understanding the social historical configurations and formations of the human sciences. For example, Poovey (1998) has demonstrated how the basic category of modern knowledge - the numerical fact - gained ascendancy over direct or personal experience.

unitary approach to knowledge when it comes to historical social investigations thus relies on many methods from various disciplines: historical sociology “cannot claim an exclusive methodological approach as its own” (Delanty and Isin 2003:6). The role of the historical sociologist is thus widespread and applicable to the description as well as the evaluation of events, relationships of power, and any particular claims to physical, spiritual and moral “items” in a given social setting at a given epoch (Abdi 2001:5). Contemporary historical sociology thus purports no single approach theoretically or methodologically, which is uniquely privileged to unrivalled epistemological privilege (Delanty and Isin 2003; Weinberg 2002).

According to Calhoun (2003) there are three main reasons why historical sociology should be used. First and most obviously, is the general sociological project of understanding social change. Understanding social change or the lack of it is directly related to the second reason why historical sociology is important: it counters the illusions of “false necessity” based upon grand, teleological models of progress and social evolution. Forty years after his classic study *The Wayward Puritans: A Study in the Sociology of Deviance* (1966) Erikson retrospectively admits that functionalism “can be a way of avoiding thought by simply asserting that there must be a good reason for the presence of anything that happens to exist out there in the world” (2005:212). Assumptions that the West and its institutions are ‘necessary,’ ‘functional’ or ‘progressive’ are thus eschewed. Lastly, the focus on contextualization can demonstrate the historical production and application of analytic categories including the manifold social relations involved in its production. Historical sociology thus points to the significance of understanding intellectual history or the

historicity of dominant paradigms of thought and culture (Arnason 2003; Wagner 2003).

C.W. Mills pointed out almost fifty years ago “Neither the life of an individual nor the history of a society can be understood without understanding both” (Mills 1959:3). The link between self, subjectivity, power, and knowledge approaches and accounts for the personal and private as social, historical, political, and cultural. A radical genealogical account of moral insanity thus situates knowledge production within the cultural context of discourses that presume the psyche, the mind, or interior to be objective, universal, transcendental, and metaphysical. “Contemporary criticism is abandoning the great myth of interiority: *Intimior intimio ejus.*” (Foucault 1998:287a). The dissertation thus rejects any law of interiority as some “real” state of the human soul that exists prior to its capture by human thought (Rose 1996). As an historical effect of social relations of power rather than an ontologically verifiable scientific object, “transgressive interiorities” should be understood as created through the moral imperialism which produced the psy complex and the sick soul (Rimke 2003; Rimke and Hunt 2002). Thus,

if the genealogist refuses to extend his faith in metaphysics, if he listens to history, he finds that there is ‘something altogether different’ behind things: not a timeless and essential secret but the secret that they have no essence, or that their essence was fabricated in a piecemeal fashion from alien forms (Foucault 1998:371b).

A genealogical analysis of moral insanity thus disrupts the origins of the ‘psy subject’ and proceeds by way of an historical analysis that is a “historical ontology of ourselves” which examines the changing dominant prescriptions for proper modes of being. From a genealogical perspective the development of humanity is a series of interpretations. The role of the genealogist is to record its history: the history of morals, ideals, and metaphysical concepts.

These emphases seek to re-establish empirically systems of subjection that have emerged through “the hazardous play of dominations” (Foucault 1998:378-9b).

Genealogy does not resemble the evolution of a species and does not map the destiny of a people. On the contrary, to follow the complex history of descent is to maintain passing events in their proper dispersions; it is to identify the accidents, the minute deviations – or conversely, the complete reversals – the errors, the false appraisals, and the faulty calculations that gave birth to those things which continue to exist and have value for us as critique (Foucault 1998:374b).

Genealogy disallows pure beginnings, those historical formations that deny their historicity by processes that naturalize, absolutize, or ground knowledge in transcendent principles by acknowledging the partial, situated nature of knowledge. Critical historical studies view partiality in two main ways: first, knowledge is taken as partial rather than unified and complete; and second, the researcher acknowledges that the account provided is partial rather than impartial or “objective” (c.f. Weinberg 2002:4-5). Historical sociology can be conceived as an approach that is concerned with similarity and difference and in providing partial general accounts of whatever phenomena happens to be under investigation. This means that no intellectual account can be absolutely comprehensive but rather provide generalized explanations that are always-already partial (Calhoun 2003:385).

Genealogy undermines all absolute grounds by demonstrating the origins of things only in relation to and in contest with other things. It does not examine the past divorced from their location in the context of social change (Calhoun 2003:383). A radical genealogical account of moral insanity thus situates knowledge production within the cultural context of historically specific discourses. Foucault outlines three domains of genealogy:

First, an historical ontology of ourselves in relation to truth through which we

constitute ourselves as subjects of knowledge; second, an historical ontology of ourselves in relation to a field of power through which we constitute ourselves as subjects acting on others; third, an historical ontology in relation to ethics through which we constitute ourselves as moral agents (Foucault 1983:237).

This insight is used to expose how modes of knowing and problematizations are brought into play in various locales and institutions. “The very strength of historical sociology helps undermine the apparent universality of conceptual tools” (Miller cited in Calhoun 2003:386). The problem of much historical research is not that it necessarily neglects crucial patterns, processes, trajectories and cases of social change but that aspects of the past are divorced from their location in the context of social change (Calhoun 2003:383). As such, sociology now theorizes and researches a wide range of cultural phenomena open to historical analysis (Hall 2003; Toohey 2003). Grasping social change (or the lack of it) thus requires both empirical interpretation and theoretical explanation. Avoiding false necessity can be aided by critical and reflexive analysis (Calhoun 2003:390). Emphasizing contingency rather than cause can guard against the exaggeration of present forms of social organization as necessary (and therefore beyond criticism) and distinct from being the products of power relations or the failure to pursue alternatives (Calhoun 2003:384).

3.3 Time Period

My social analysis examines scholarly medical treatises, journal articles and clinical case studies - human scientific discourses - published between 1830, a few years prior to Prichard putting moral insanity on the psychiatric map, and 1900, shortly after Kraepelin (1896) formulated the clinical description of “psychopathy,” which absorbed moral insanity under new categories and classifications. While my research and analysis closes at the end of

the nineteenth-century, it is important to note that the doctrine was applied and debated well into the first few decades of the twentieth century (See for example Stedman 1904; Anonymous 1906; Anton 1910; MacPhail 1911; Steen 1913) even as new classification terms were being put forth.

Psychiatry has played a significant historic role in organizing and regulating social practices, institutions, and discourses in the West. Yet, it is not easy to determine exactly when “psychiatry” as a distinct branch of medicine emerged; but it appears to be clear that the fusion of psychology and medicine surfaced as a specialized knowledge by the first few decades of the nineteenth-century. Zilboorg (1941) claims psychiatry distinguished itself as a separate branch in the period 1790–1850. Others claim that the starting point of psychiatry was largely due to the work of Jean Martin Charcot in France (Cartwright 1977:153–4) or Sigmund Freud¹² in Austria (Alexander and Selsenick 1966: 4–5) in the latter part of the nineteenth-century. Arguably, the growing trend of medical treatises focusing explicitly on mental pathologies at the beginning of the nineteenth-century is probably a better periodization for the emergence of psychiatry as a distinct profession and discipline, as a psychiatric complex, albeit one still clearly on the margins of medicine.

Drawing temporal, and therefore definitional, distinctions between psychology, medicine, biology, and psychiatry is particularly difficult due to the great overlap between 19th century subfields and research within the human sciences. The texts on the doctrine of moral

¹² Despite the contemporary (particularly French intellectual) fetishization of the significance of Freud’s work in the academic imaginary, neither he nor any of his work is referenced in the medical archives under investigation.

insanity provide a strong example of blurred expert knowledges and perspectives within the area of madness, lunacy, and insanity. For example, experts identified themselves by a host of professional demarcations and areas of expertise such as mental science, physiognomy, medical psychology (or psychological medicine), neurology, anthropology, phrenology, pathology, and as clinicians, insanitists, psychiatrists, alienists, craniologists, and physicians. In Canada, for example, the Canadian Psychiatric Association was not formed until the mid twentieth century. This attests to the earlier claim that the ‘psy complex’ emerged as a loose network of experts from diverse disciplines and fields which take the soul or the psyche as its object of concern. Indeed, as Jordanova (1989) has argued, as more is known about the social and cultural history of biomedical sciences, the less feasible it becomes to draw fixed disciplinary boundaries in the field of medicine. Most significantly, what linked these medical men was both their social and moral status as experts in the human sciences coupled with their central concern – morally ungovernable souls.

3.4 Historical Data

The dissertation’s analysis primarily relies upon British and North American medical archives and documents on the doctrine of moral insanity. These historical texts are taken as the ‘primary data’ to analyze the social, historical, political, and moral construction of the doctrine. The historical material analyzed includes published reports and conference proceedings by professional associations, clinical notes, lectures, case studies, and general expert-based discussions on moral insanity. Approximately two hundred published texts on moral insanity were studied (See Appendix 2). The types of historical data used were therefore numerous. A wide selection of secondary historical material was used to situate and

contextualize moral insanity in its cultural, political, economic, and historical period.

Secondary historical material include texts such as housekeeping manuals, religious pamphlets, education treatises, biographies, and popular magazines, as contextualizing cultural artefacts that move beyond strictly ‘scientific’ discourses.

Most of the material the dissertation examines is written in English. In those cases where the material is not of Anglophone origin, such as research presented by the Italian Positivist School, the works are translated into English. Very few non-English publications on moral insanity have been translated, and those that exist in the original language have been difficult to find. Also, due to the prominent concern with moral decay is present in the publications on moral insanity, it is reasonable to make the claim that a globalized moral imperialism was occurring in the West. Medicine attempts to place the relationship between vice and insanity as a disease in its own specialization. The dissertation examines the patterns, regularities, contestations, and differences in expert opinion that arise within the specific contexts outlined above.

The archival challenge for radical historians is that the records that have been left are the records of the privileged classes or elites rather than for the popular classes. As such historical sociologists have been quite creative in finding new material that cast new light on hitherto obscured social relations and process (Hall 2003:159). In light of this challenge, an appendix has been included as a corrective to historical myopia and historical amnesia or what Foucault referred to as ‘compulsory forgetting.’ A chronological time line of events (Appendix 1) is included as a historical reference device given that unaided memory is prone to falter due to people’s tendency to forget dates, numbers, and events (Czarniawska 2004:6). It is not

intended to be used as an explanatory scheme but rather as a reference device to guard against presentism and historicism. While the former forgets history or presumes the simplicity of the past, the latter dissociates history from the present by studying it in isolation from broader social change, social effects, and social relations. The inclusion of the time-line is thus intended to assist the reader in situating the career of moral insanity within the complex contexts in which it emerged and flourished.

Methodologically, the analysis employs a “thick description” of the ‘moral’ in nineteenth-century psychiatric literature. Geertz has demonstrated the need for “thick descriptions” of culture where the researcher records and analyses the multiple meanings of cultural circumstances.

The concept of culture I espouse...is essentially a semiotic one. Believing, with Max Weber, that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning (Geertz 1973:5).

Genealogies engage in a detailed, close examination of data employing also a “rigorous description” that depends on a vast accumulation of source material (Foucault 1998a:284; 1998b:370). “Genealogy is gray, meticulous, and patiently documentary. It operates on a field of entangled and confused parchments, on documents that have been scratched over and recopied many times” (Foucault 1998:287b). “In one sense, description is infinite, therefore: in another, it is closed, insofar as it tends to establish the theoretical model of accounting for the relations that exist between the discourses being studied” (Foucault 1998:284a). A critical account provides “the systematic description of the discourse-object” (1972:140) which has emerged “among countless lost events” (Foucault 1998:381b). Even the “finest-meshed

sociological net cannot give us a pure specimen” and sociology cannot predicate any *law* (Thompson 1970:9–10; emphasis in original). Kittler (1999) quotes Goethe in this respect: literature, “is a fragment of fragments; only the smallest proportion of what took place and what was said was written down, while only the smallest proportion of what was written down has survived.” However, the empirical material analyzed must be historically accurate and verifiable. Genealogies must thus provide an accurate construction of a particular problematic so that the relations described can actually be assigned to the data treated; this ensures new analyses and formulations that are at the same time “objectively accurate” (Foucault 1998:287a). Therefore, to critically record and examine the social history of the doctrine of moral insanity one links areas normally seen as unconnected or wrong thus providing a contemporary approach to redefine boundaries of radical historical inquiry by excavating the forgotten or otherwise suppressed.

3.5 Geography and the Moral Colonization of Space

The colonialist social and political conditions that made possible a doctrine of moral insanity were not geographically specific. In fact, one could argue that geographical ambiguity was a reflection of a general social movement in Western society and psychiatric medicine, which simultaneously highlighted, naturalized and made the doctrine, on both sides of the Atlantic, so influential in its day. “Settler capitalism” was characteristic of the colonization of the U.S., Australia, and Argentina (Hobsbawm 2000:22). Nineteenth-century Canada, on the other hand, has been described as a “continental hinterland” (Easterbrook and Aitken 1988). The combination of social forces deriving from the British industrial revolution and the French revolution fundamentally changed the existing social orders (Hobsbawm 1962). “In Britain

industrialism preceded the advent of the railway; in the United States the germs of an industrial economy were already in existence along the Atlantic seaboard before the railroads crossed the Appalachians. Canada, on the other hand was an almost exclusively agricultural commercial economy when the first major spurt of railway construction took place" (Easterbrook and Aitken 1988:316). 1841-1873 was characterized by a high degree of consensus over the necessity of an imperialist social formation and state apparatus in Canada. This rested upon the base of the particular interests of the petit bourgeoisie which is evidenced by the expropriation of indigenous land and immigration policies that reflected a hegemonic political economy which, as Gaucher (1982:41), has pointed out required a morally complementary organization of civil society.

Most historical research on madness tends to confine the discourses under investigation to specific geographical locations, such as Scull's analysis of psychiatric institutions in England or Harris's concern with medico-legal debates in France. The dissertation is organized differently for several reasons. First, because the dissertation topic is moral insanity, the thesis is organized around the doctrine as a localized knowledge. The analysis of local knowledge is systematically studied by examining reports by medico-legal and psychiatric experts published in journals of the period under consideration (Foucault 1980c:48). As such it examines the little pieces rather than the big (i.e., study one doctrine instead of psychiatry as a whole). Second, I take the position that medical discourses operated transversely - that is, outside the political-geographical boundaries of imposed Nation-States. From its initial colonial period Canadian society was also culturally and internationally oriented (Gaucher 1982:46). This means that work being done in the area of moral insanity was shared by a transcontinental

psycho-medical community, who through publications, research, associations, meetings and the like, shared knowledge not simply according to geographical location but also in relation to certain and similar concerns about diseases, treatment, advances in science and related debates. Indeed, one commonly finds moral insanity experts citing their transatlantic counterparts. Berrios (1996) maintains that the internationalism of the psychiatric community is not startling in light of the “free communication” which existed between experts. Evidence of this can also be found in Tuke’s list of experts in the *Dictionary of Psychological Medicine* (1882). By the nineteenth-century, the successful and widespread circulation of medical knowledge had been accomplished through mass publication and reproductions made available to interested parties on both sides of the Atlantic (Eisenstein 1979; Smandych and Verdun-Jones 1986).

The Western notion and formation of civil society was a primary nineteenth century cultural project inextricably intertwined with the myth of social progress, human evolution, and civilization. Geographical colonization thus included the moral and economic colonization of space. Both land and bodies were historically targeted and linked in projects of moral regulation aiming to ‘civilize’ and/or ‘elevate’ culture. The spatial colonization of foreign lands thus also involved the moral colonization of foreign or dangerous bodies in the name of progress, refinement, and order. Barthes (1985) has argued that the power of myth is necessary for hegemonic imbalances to be viewed as normal and natural in the form of “common sense.”

Cultural domination enables authorities to nullify subversive elements by rendering them deviant and dangerous to the public. Thus a genealogical analysis pays attention to the

historical formation of cultural dominance of certain versions of reality and truth.¹³

The aim is always to discredit and offset the operations of power in *our* time. To accomplish this genealogy reconfigures the archive of the past to show the complicity of our contemporary discourses...with patterns of subjugation, subjection, and discrimination carried out, in large part, by the representations and institutions produced by the power of anthropological discipline...[it] lets us see the history of our human sciences (Bove 1986:303; emphasis in original).

Functionalist theories rely upon the prestige and status of natural science, which use models of social progress based upon causal explanations and social laws. Qualitative research does not subscribe to methods in search of social laws (Berg 1995). Challenging the notion of smooth, unilinear paths of modernization and of a functionally integrated society in which power, domination and conflict were only aberrations in an otherwise consensus-based, liberal democratic, and harmonious social order, critical studies reject linear models of causality and instead focus on complex cultural forms and processes produced by historical conflict, thus employing a “critical imaginary” (Hamilton 2002:22).

3.6 Historical Hegemony

The Gramscian emphasis on culture has provided new objects of analysis that move beyond state theory and official truths to other less obvious domains of regulation, discipline, control, and governance. Cultural studies, then, is not merely a celebration of the popular. Rather it is a critical assessment of popular forms of culture and the processes by which they engender political beliefs, social norms, and traditions that create, maintain and reproduce

¹³ The historical categorizations of deviance are essential for understanding the significance of moral insanity as an emotively based construction of dangerousness. Emotive categorization is implicit in cultural myth-making and moral panics. An example of this is the category of “terrorist.” While used in political rhetoric for several decades, it gained an elevated status due to the events on September 11, 2001.

social hierarchies (Kinahan 2002:31). Whereas for Gramsci the concept was used to explain and explore relations of power articulated in terms of class domination, more recent formulations in critical scholarship, most notably cultural studies and post-colonial theory, have extended the concept to include and examine the role of culture in the social process of knowledge production. Hall argues that cultural texts are not inscribed with meaning guaranteed once and for all by the intentions of production. Meaning is always the result of an act of “articulation.” Meaning has to be expressed, but it always expressed in a specific context, a specific historical moment, within a specific discourse(s). Thus expression is always connected (articulated) to, and conditioned by context. The interested role of radical genealogists is to examine the social relations and processes that form and disrupt conservative, hegemonic thought. Foucault and Said argued that research should be on guard against furthering the disciplinary processes of individualization. They caution intellectuals for the need to be reflexive and careful when it comes to complicity with forms of power and oppression that reproduce Western hegemony. Genealogy counters tradition because it is against the hegemonic order (Bove 1986:26, 27-8). A radical history of the present is a form of study that has a commitment to question the intersection of medicine, power and pathologization, “to a non-linear understanding of social power, to nonquantitative methods, to an epistemological position that recognizes the places of values in research, to theoretical roots in radical thought, and to the production of knowledge that contributes to the broader project of human emancipation” (Hamilton 2002:22). Describing historical phenomena according to a unilinear development reduces an entire history and genesis to an exclusive concern for utility and function. Instead genealogies “must record the singularity of events

outside of any monotonous finality,” by examining archives that are assumed to have no history, and defining and highlighting those instances where they remain absent or unspoken (Foucault 1998:369b).

Post-colonialist theory also emphasizes the need to uncover or unconceal hidden histories that are suppressed in favour of eurocentrism to challenge intersecting social inequalities by critiquing Western hegemony (Aldama 2003b; Amin 1989; Bhaba 1992; Chakrabarty 2003; Churchill 2000; McClintock 1995; Rimke 2003; Smith 1999; Spivak 1987). However, the rise of subaltern studies and its critique of European domination while flourishing in other areas of scholarship has yet to figure very much in historical sociology (Calhoun 2003:390). Radical genealogies thus point to the need to decolonize methodologies to study disqualified, forgotten, marginalized, and silenced histories. Such an approach recommends a closer look at the discredited, neglected and ‘overlooked’ narratives on the soul and morality in the history of the human sciences. The formation and impact of the doctrine of moral insanity is thus considered a subjugated knowledge which has systematically been denied a location within traditional social histories of psychiatry and contemporary research. What has not been told and what has not been said, or what has been forgotten or scratched over many times is highlighted and analysed. The emergence of the doctrine of moral insanity is approached “as the entry of forces, their eruption, from the wings to center stage.” Emergence is thus conceptualized as a historical space of struggle and confrontation. It is not a closed field of struggles amongst equals and no one can assume responsibility. “[N]o one can glory in it, since it always occurs in the interstices” (Foucault 1998:377b). Such research “struggles not only to say what the hegemonic order does not

want said but also strives to change the way of saying to one which that order cannot tolerate" (Bove 1986:14).

Gramscian theory complements the Foucauldian position that power is never merely repressive but is also productive. The strength of Gramscian theory is that it provides a "more effective incorporation of attention to culture" (Calhoun 2003:390). As many have pointed out, critical approaches move beyond a concern for only class but also focus on social relations of power by focusing on cultural configurations of gender, sexuality, ableism, ethnicity, and age. A radical genealogy should thus be concerned with hegemonic moral discourses or the "development of sacred textualities" by engaging in critical conversations about class, freedom, gender, democracy, race, nation and community (Denzin and Lincoln 2003b:611). This thesis thus addresses the liberal (or perhaps conservative) readings of Foucault which avoid discussions on repression, domination and hegemony; it thus accepts the challenge that those concerned with social injustices reduce power to a "thing" or a conspiracy orchestrated by the dominant groups as Kendall and Wickham have charged (1999:49). In the author's view, the Foucauldian 'tool-kit' is not to be used in any blind slavishness. The usefulness of Foucault's work is to provide conceptual tools to address a major question that still marks the critical sociological imaginary: how did the psy complex come to occupy the forefront of not only "scientific" knowledge of human behaviour, how is it that psychocentrism has become a major defining characteristic of dominant culture in the West/North? One might assume by the increasing neo-liberal readings of Foucault that resistance is futile and purely technical because it "serves to make power work perfectly" (Hunt and Wickham 1994:83). Political resistance and social conflict within such a liberal

pluralist interpretation of Foucault's work is understood as being the impetus, catalyst, and the cause - the *raison d'être* of neo-liberal governmentalities. Unlike other Foucauldian historical studies, such as those conducted by Dean (1994; 2003), Valverde (1995; 1998) and Hunt (1995; 1999), the dissertation takes the political history of hegemony seriously even if studying social inequalities and social injustices are ignored by governmentality historians. While Dean (2003) has more recently included the concept of hegemony in a smokescreen discussion on war and peace, as if domination and oppression were unproblematic prior to 911, he fails to explain or demonstrate how hegemony is reproduced and maintained in favour of the ruling groups within advanced capitalism because the argument neglects an account of social relations of domination. A radical understanding of genealogy can account for relations of domination, oppression and exploitation as well as the productivity of power in cultural formations by examining first and foremost social relations of power that maintain and reproduce the dominant order; it is a form of reading and writing that radicalizes present histories always bearing in mind the historically structured inequalities of Western society upon which capitalism relies.

The broad concern with social inequality and social justice does not signal a complete break with modernism but instead demonstrates the inevitable politics of historically constituted inequalities. Thus a radical genealogy is inevitably political: "history can be used to support or to subvert existing power structures" (Southgate 2003:xi). The desirability of objective detachment with what is going is rejected because historical research is value-laden (Hamilton 2002; Southgate 2003; Zinn 1994). Radical historian Howard Zinn (1990) argues for a "value-laden historiography" that heavily emphasizes that History has been

written by the winners and the privileged, demonstrating that one “can’t be neutral on a moving train” when studying and writing history. He suggests five elementary ways that radical histories can be useful from this perspective: 1) it can intensify, expand, and sharpen our perception of how bad things are and were, especially for the victims of the world; 2) it can expose the pretensions of government to neutrality, liberality and beneficence; 3) it can expose the ideologies¹⁴ or dominant discourses which pervade culture; 4) historians can recapture moments in the past that show the possibilities of alternatives to that which has dominated the globe thus far; and 5) it can show how social movements wax and wane and falter, how leaders betray their followers, how rebels can become bureaucrats, and how ideals become reified and frozen (Sheldon 2001:2-3). Radical historical approaches highlight the interested role of the genealogist and our interestedness in our subject matter thus rejecting the ideal of “purposeless knowledge” in the long tradition of “liberal knowledge” (Southgate 2003:5-6). Critical historical sociology is thus radically political: it concerns itself with inequality and social injustice; action, feminist, queer studies, constructionists, cultural and critical race studies are all united in this respect (Denzin and Lincoln 2003b:612).

3.7 Discourse Analysis: Critical Readings and Interpretations

A radical genealogical analysis will be performed in the spirit of ‘discourse analysis.’ Discourse in the sense deployed here moves beyond a solely linguistic definition to also include the extra-linguistic highlighting both social and moral intimations, claims, assumptions and imagery found in historical psychiatric texts. This particular mobilization of the concept

¹⁴ Following Mannheim (1936), Zinn interprets ideology to mean the various forms of rationalization used to legitimate the dominant social order.

“discourse” acknowledges the forces and modes of production not only through the vehicle of language, but also “the semiotics of materiality” (Law 1999) which recognizes the material and the symbolic as productive of meaning. Such a focus emphasizes the role of imagery, metaphors, illustrations, and practices as productive of meaning, truth, and reality within a certain historical period and cultural context.

Turning to cultural formation as an object of inquiry gains from the interchange and interrelationship of diverse approaches that shift critical inquiry to examine “historically located institutionalized cultural structures of discourse, meaning and practice” (Hall 2003:154). The understanding of discourse as an assemblage of media and technologies recognizes the necessity of linking mini-narratives in situated, historical, and relational contexts. The claim that the contents of the human sciences are social means that the form and the materials, actions, narratives, diagnosis and findings are bound up with specific historical and cultural ways of life and living. Considered in this way, the social context of medical scientific practice is not an external “factor” but rather a matrix for producing facts (Lynch and Bogen 1997:483). Therefore, what is considered a fact is a social process not only based upon producing consensus but more significantly, on what is considered important to see as a fact (Law and Lynch 1990; Weinberg 2002).

A diversity of poststructural interpretive strategies regards the literary text as part of a larger cultural framework of texts, institutions, and practices. A radical discourse analysis studies the text for *articulated hierarchies of value and meaning* and to draw connections between the given text and others as well as the material context. Historians “notice and appreciate some facts rather than others according to whether they deem these facts relevant,

useful, valuable, important, or interesting in light of their own particular practical concerns" (Weinberg 2002:1). Even if facts can be stipulated, even when texts are contextualized, multiple rhetorical, analytic and narratological possibilities provide radically alternative ways of making sense of them (Hall 2003:158). The critical study of human scientific discourses is important for qualitative research because it provides a theoretical terrain on which to explore multiple, contested and contradictory narratives and truth claims within social and historical contexts and texts. Contemporary historical sociology does not employ a positivist approach which privileges "facts" over theory or interpretation (Calhoun 2003:384). Psychiatric texts should therefore be understood as a material expression of power in itself; further, as a discipline it has a "textual culture" and a "textual history" from a discourse-analytical point of view. Material culture as text can be either silenced or accentuated and should always be studied and interpreted in relation to the situated context of production, use, discard, and reuse (Hodder 1991; Miller 1982; Tilley 1990). A discourse, in contemporary Foucauldian terms, is a way of thinking and speaking about some aspect of social life and how both language and practice brings objects of human scientific knowledge into existence (Barker 2000:384). A discourse is a particular kind of textuality or set of textual arrangements produced by an institution. Psychiatric discourses have at least six related aspects: 1) concrete sites (asylums, prisons, universities); 2) roles or subject positions (doctor/patient, wise man/lunatic); 3) communication technologies (books, illustrations, daguerreotypes); 4) hierarchical power relations between subject positions (moral/immoral, superior/inferior, normal/abnormal); 5) certain themes or patterns (excess, degeneracy, moral contagion, dangerousness); and 6) symbolic 'stuff' (tonics, asylums, restraints, leeches, etc). The point is

to analyze a discourse contextually and relationally rather than as autonomous layers.

The genealogist thus relates the emergence of a discourse as it relates to other layers, practices, institutions, social relations, and political relations (Foucault 1998:284a). It examines the myriad circumstances which allowed moral insanity or psychopathy to become accepted and to seem normal. Examining historically embedded language can show how the past endures in memory and practice (Hall 2003:152).

A genealogical analysis is not a search for the present in the past, nor is it a search into the past for its own sake (Dreyfus and Rabinow 1982:118-19). It is rather, a history of the present (Foucault 1978a:31). The tenet that ‘the past must be studied for its own sake’ involves the deliberate abandonment of the present (Southgate 2003:6) which makes the past unknowable. The account provided herein should thus be viewed as remaining committed to understanding present social problems by examining history as “past conversations” (Czarniawska 2004:5). Seeing the present in relation to the past is important for recognizing contingency and attending to the underlying conditions of production (Calhoun 2003:384). *The genealogist writes of the past – but with a concern for the present as a battle in the present* (Bove 1986:10-12)

The complex course of history cannot be explained by teleological and evolutionary social change. The usefulness of replacing models of causality with effects allows for the localization of knowledge that global theories oppose thus making room for neglected knowledges and lost memories (Procacci 1995:216). By replacing causality with the consideration of effects, genealogy provides a social critique rather than a rationalization of it (Procacci 1995:216). It is a form of study that brings “into historical analysis types of

relationships and modes of connection that are more numerous than the universal relation of causality by which people tried to define the historical method" (Foucault 1998:281a). Multi-causal understandings thus reject teleology which reproduces the (dominant) notion that history can be reduced to a single, primary cause (Holton 2003:32). It does not pursue a linear line of questioning by charting and explaining the chronological stages of the doctrine's construction as an evolutionary or progressive formation. The interplay of opposing conflicting forces is described to highlight relations of power by tracing the multiple discourses competing over claims to authority over 'moral pathology.' Genealogy thus makes intelligible the historical processes of dispersion, accumulation, and overlapping which are constitutive of the event (Foucault 1971:69).

3.8 Politicizing Bodies

A radical genealogy of moral insanity also emphasizes the psychiatric discourses on the body. As such it is not simply a concern with the history of "an idea" that came into existence but the role the body played in the historical and social constitution of the doctrine. "Genealogy...is...situated within the articulation of the body and history. Its task is to expose a body totally imprinted by history" (Foucault 1977:83). Placing the body as an analytic focus it interrogates the multiple intersections of normal and abnormal, morality and science, health and illness, interior and exterior, sacred and profane, the known and unknown, civility and impropriety, the visible and the invisible, and so forth. This approach addresses the levels of constitution in terms of various material, textual, symbolic, and social matrices to account for the historical and cultural specificity of the doctrine. Power relations are implicated in what Foucault (1977a) calls the "political economy of the body." This political investment of the

body is bound up in accordance with complex reciprocal relations. “It is largely as a force of production that the body is invested with relations of power and domination; but on the other hand, its constitution as labour power is possible only if it is caught up in a system of subjection... the body becomes a useful force only if it is both a productive body and a subjective body” (1977a:25-26). Biopower thus becomes a defining feature of modern society where increasing emphasis is placed on health and normalcy. “The regulation of the conduct of the individual was to become linked...to the objective of improving the condition of the population as a whole...the calculated management of life” (Miller 1987:141). The genealogical method examines discourse which in various ways

attaches itself to the body. It inscribes itself in the nervous system, in temperament, in the digestive apparatus; it appears in faulty respiration, in improper diets, in the debilitated and prostrate bodies of those whose ancestors committed error...and the bodies of their children will suffer...The body - and everything that touches it: diet, climate, soil – is the domain of *Herkunft*. The body manifests the stigmata of past experience and gave rise to desires, failings, and errors (Foucault 1998:375b).

The body should be approached as the historical inscription of events.

3.9 Reflexivity

The principle of reflexivity is at the core of the Meadian sociological tradition and provides a pragmatic foundation for understanding agency and political action missing from much Foucauldian scholarship (Callero 2003). The reflexivity of social analysis frames problems in social terms rather than as ‘variables’ or ‘factors.’ Sociology and other disciplines have adopted reflexive approaches as part of a search for new forms of written discourse. Ashmore (1989) has shown how self-aware reflexive writing practice avoids the

problems in scientists' accounts of their practices. Reflexivity acknowledges that observation and description cannot be detached from the processes of observing and describing (Law and Lynch 1990). The distinction lies in the critical reflexivity of such techniques as an important sociological method (Fyfe and Law 1988). Historical sociologists should "use categories of thought in an appropriately self-aware and critical fashion requires attention to both theory and history, and to a sociological, not merely an individually intellectual, understanding of both the past and the present dynamics shaping the use and implications of such categories" (Calhoun 2003:385).

The reinterpretation of texts and relationships between texts and institutions is a method of providing an account of a historical formation that is no longer part of the "official history." Genealogy does not seek to decipher a deeper interpretation of the text and history but rather analyses the relations and regularities between statements that are taken at face value in the time period under investigation. Reinterpretation, therefore, does not mean rediscovering by 'uncovering' the final truth through a 'hermeneutic circle.' It is not a totalizing reconstruction of the past but a form of critical analysis that examines the psychiatric practices of evaluation, governance, discipline, and examination. Rather than engaging in an "idealist practice" of discovering obscured meanings hidden in texts it is a form of critically examining and connecting what previous histories have written out of the sedimented history of official interpretation: "the genealogist tracks down the materially lost and displaced texts that have at best left a trace of their existence in the official archives" (Bove 1986:14). It is a form of writing that shows that multiplicity of statements that emerged as so many regular events (Foucault 1972:130).

As historical texts are reread in different contexts they are given new meanings and interpretations, often contradictory and always socially embedded. Thus there is no ‘original’ or ‘true’ meaning of a text outside specific historical contexts. Text and context are in a continual state of tension seen by rhetorical strategies employed to establish positions of authority and legitimacy (Hodder 2002; Tilly 1989). The same chain of events can have multiple meanings depending upon the narrative, plot, and rhetorical strategies deployed (Czarniawska 2004; Foucault 1975; Riot 1975). Events are not transparent but rendered meaningful within socially situated contexts, texts and other symbolic imagery (Orcutt 2005). Critical methods pay attention to not just *what* the text says but *how* it is said (Silverman and Torode 1980; emphasis added). Texts should therefore be understood as cultural artefacts produced under specific material conditions within social and political systems (Hodder 2002:267). Foucauldian readings are thus sensitive to the political impact of the text and the political invisibilized behind the text. Critical research pays attention to the social construction of meaning in order to understand how texts reproduce dominant social relations and particularistic views of the world as universal and transhistorical. Past and present meanings are continually being contested and reinterpreted whereby diverse technical operations implicate a wide network of material and symbolic resources and abstract meanings that are embodied in cultural practices.

The methodological approach is one that focuses on primary historical sources as ‘factual documents’ in the period under investigation. Counter-hegemonic in approach, the genealogical method operates by destabilizing taken-for-granted norms and truths exposing the contingency of what is assumed to be normal, natural, and self-evident. Such an approach

interrogates the hierarchies, boundaries and social judgment implicit in psychiatric medicine. It thus examines the material, textual, medical, and social interconnections to account for the historical and cultural specificity of the doctrine of moral insanity. Such an historical approach helps trace the emergence of psychopathologies as a social historical enterprise thus going to the social basis of the medical construction of moral insanity. A radical genealogical method analyzes the conditions that define what counts as knowledge in terms of the way those conditions are bound up with hegemonic systems of discipline, moral regulation, surveillance and social power.

A radical genealogical approach to studying the nineteenth century doctrine of moral insanity entails at least three important elements. First it demystifies the dominant paradigms by exposing claims to objectivity, neutrality, beneficence and universality. The genealogist “dares” to make the dominant discourses “impotent” by rendering previously authoritative interpretation inoperative (Bove 1986:10). Second, it demythologizes what is assumed to be natural, normal, and taken-for-granted. The myth of the dangerous individual is thus shown to be a spectacle in the (de)moralizing theatre of psychiatry. Lastly, genealogy deconstructs the discourses and practices that gave rise to a medical doctrine of vice and immorality. It thus delimits and deconstructs the construction of moral insanity. Rather than preserving the positivist approaches that search for causes (and cures), thus reproducing dominant or “official history,” genealogy is a counter-science because it “talks back” (hooks 1989; Smith 1999) disrupting social relations of power that normalize a particularly one-sided view of the world. More specifically, as a counter-scientific narrative it disrupts official truths and interpretations because it provides counter evidence to dominant and/or faulty generalizations

(Calhoun 2003:386). The production of scientific truths in the name of objectivity, essence, and universality is replaced by problematization. The method of problematization challenges or opposes historical forms of truth and knowledge. Its effect disturbs narratives of progress and reconciliation by creating problems which are presumed to be resolved. It seeks to problematize those versions of history which posit universal social laws (Dean 1994:3-4). Rather than normalizing Enlightenment positivism, the thesis critically interrogates its social and historical production of the pathological soul. The focus on psychiatry as a hybridity of Christian morality and Enlightenment positivism constitutes a radical challenge to linear antiquarian historical studies. It is a practice of writing the unwritten and speaking the unspoken. It is a form of analysis that acknowledges that all knowledge derived from critical historical research must never escape the recognition that its insights are always partial, limited, and subject to revision so that the present knowledge is valid only until further notice. The dissertation thus contributes both empirical and conceptual research from various theoretical perspectives on history, culture, science, and politics. More specifically it offers an account of the medicalization of immoralities by interrogating the types of social relations that characterized and identified immorality as a psychopathology. The dissertation thus applies a methodology that analyzes the content of psychiatric texts for the social character of their discourses, particularly in relation to “morality claims.” My method thus charts the multidirectional relationships in which both psychiatric science and the social field were mutually constitutive when it came to ‘the medical science of moral dangerousness.’

3.10 Conclusion

The objective of genealogical methods is not to propose an alternative Truth but to facilitate our ability to think and act differently about dominant contemporary ‘psy’ discourses and practices. A critical analysis of psychiatric texts can account for power relations in the social production of moral insanity which are taken here as ‘dominant’ or dominating narratives. The thesis does not offer a continuous and unilinear narrative about “the rise of moral insanity” and does not provide an exhaustive history of psychiatry prior to its inception; nor does it advance the argument that we can understand psychiatry as a homogenous, unitary discourse without internal conflicts and contradictions because history is produced by multiple contradictory, conflicting and oppositional forces. It thus conceptualizes the subject matter as a heterogeneous collection of discourses and allied sciences which can be witnessed in the often competing and contradictory discussions on moral insanity. Neither does the thesis seek to evaluate the clinical ‘effectiveness’ of moral insanity or offer any ‘better’ alternatives in pursuit of moral refinement. Instead the dissertation assembles an array of disparate and diffused material to demonstrate the different forces and relations which constituted a recognized, indeed legitimated, moral insanity.

Although genealogy is itself an institutional representation, it emerges from the margins rather than the center; it is thus explicitly political in its method and approach. Genealogies thus outline the constitutive forces that make up not only the subject but also the discourses and institutions that legitimate those social forces as a given (Bove 1986:36). Rather than normalizing positivism, it critically interrogates its social and historical production of a scientifically verifiable transgressive soul. The focus on psychiatry as a

hybridity of Christian morality and Enlightenment positivism constitutes a radical challenge to linear historical studies. After all, Foucault's aim was to produce theories and research methods, as well as new forms of knowledge, which might be useful to others engaged in their own struggles and confrontations with different configurations and forms of social power throughout culture (Bove 1986: 23, 25, 35).

CHAPTER FOUR: OVERVIEW OF THE DOCTRINE OF MORAL INSANITY

There is reason to believe that this species of insanity has been the real source of moral phenomena of an anomalous and unusual kind, and of certain perversions of the natural inclination which excite the greatest disgust and abhorrence (Prichard 1835:30).

Perhaps in the whole range of psychology there is no subject so deeply interesting as this; for it is in moral insanity that man's spiritual and moral nature is the most awfully and most distressingly subject to his corporeal frame (Anonymous 1851:34).

If, then, if the state wants to obtain from medical science all the advantages that it can yield, it must use the physician not only for curing but also for preventing the diseases which threaten the great mass. Among the causes of these diseases are many which neither the physician alone nor the individual citizen can prevent or cure; only a Medical Police, provided with the proper power and authority can implement the rescue plan which medicine has drawn up (Frank cited in Carroll 1996:1).¹⁵

This chapter provides an overview of the contours of the doctrine of moral insanity. It begins by discussing the historical and social conditions of its emergence which made the invention of the doctrine possible, and highlights the major forms of immoral conduct which were captured by the category. Describing the forms of moral insanity, it demonstrates that the constitutive basis of the disease was fundamentally socially driven and socially defined whereby the morally insane were rendered bad and mad subjects who failed social standards of respectability and desirability - the emerging norms of 'civil society.' As such, the dissertation's account is one which approaches the doctrine as an axiological social discourse which psychiatrically demarcated the historical boundaries for the morally normal and

¹⁵ Taken from Johann Peter Frank's *A System of Complete Medical Police*, (1779-1819).

pathological in accordance with economic, social and political hegemony of the dominant historic blocs. It also critically outlines the different etiological explanations of the disease and concludes with a critical examination of the psychiatric treatments and prognostications used to ‘fix’ the immoral subject, sometimes quite literally to ‘fit’ the governing social hierarchies and relations of domination necessary for the changing economic and cultural landscape.

4.2 Modern Moral Imperialism

Moral insanity should be understood as *the modern pathologization of social ungovernability* because it designated “a great moral perversion which rendered the individuals in whom it existed incapable of adjusting themselves to the social order” (Anonymous 1900:548). At its very foundation, then, the category of moral insanity medicalized social morality while simultaneously pathologizing the sinful and the sinner. It also rendered resistance and revolution pathological. Moral insanity became an individualized social disorder. As a bundle of disrespectable traits moral insanity was the nineteenth century disorder where the person chronically transgressed dominant social rules and prescriptions. And because most medical doctors knew enough about the body and soul, they, more than any other educated group, were in a position to delineate and prescribe the ordinary and normal conduct of life (Anonymous 1857:356).

While European psychiatrists in France, Germany and Italy clashed with one another in attempts to provide an alternative term or word for moral insanity, most Anglo-European and North American psychiatrists continued to use the term through to the end of the century (Lewis 1974). By the end of the nineteenth-century it was widely accepted that as a disease of

ungovernability, moral insanity was characterized by 1) sudden and irresistible impulses, 2) immoral actions committed under the sway of the passions, or 3) a manifestation of depraved character and tastes (Anonymous 1891c:652). Echoing the concern of some of his contemporaries on the clinical elusiveness of the doctrine, Savage (1881) argued that rather than provide a comprehensive and conclusive definition, it was probably better to describe what the disease was not. Others, such as Bannister (1877), contended that confusions arose because of the terms and definitions employed. Irish immigrant and Canadian psychiatrist, Joseph Workman¹⁶ supported the existence of a disease called moral insanity but rejected what he referred to as ‘Dr. Prichard’s indiscreet nomenclature’ and stated that “I think, had he consulted me, I would have advised him to call it *Insane Morality*” (1882:10; emphasis in original).¹⁷

Tuke (1891b; 1892) on several occasions announced his dislike for the term moral insanity because it led to the assumption that the moral conduct is perverted by a disorder of instincts as Krafft-Ebing claimed, rather than what in his expert opinion was a derangement or defect of inhibitory power. In other words, Tuke argued that the disease needed to be understood as a disorder of self-governance. However, he concluded that “whether we improve the term or not - whether we speak of *mania sine delirio*, or reasoning madness (*manie raisonnante*), or adopt Parigot’s term, *diastrephia* (perversion)...[the disease] is

¹⁶ Workman is an important figure in Canadian psychiatry (Jack 1981; Johnstone 2001). After immigrating to Canada from Ireland with his family, he received a medical degree from McGill University in 1835 and began teaching at the Toronto School of Medicine in 1846. He was also appointed superintendent of the insane asylum in Toronto, 1854–75 (Jack 1981:642).

¹⁷ This article was later reprinted in *American Journal of Insanity* (1883) under the same title.

supported by clinical facts" (Tuke 1891b:68; emphasis in original). Regardless of the debate over the term, then, it is clear that most Western experts on psychiatric disorders accepted the existence of a condition identified as moral insanity (as they/we do today). It was also embraced and supported by Canadian psychiatrist Daniel Clark, as well as Isaac Ray, John Bannister, Charles Hughes, and many others in the United States. "Whether we call these cases examples of moral imbecility or give them some other name, we must recognize that there is a depravity which is the result of heredity or some imperfect development of the nervous system" (Wood cited in Kerlin 1887:400). Dr. Zebulon Reed Brockway, superintendent and founder of the Elmira Reformatory in New York, claimed to have discovered that among the prison population only six percent presented with a "normal" moral faculty. He also stated that he preferred to use the term "moral imbecile" for inmates. New York's Elmira Reformatory opened in 1876, and was the first American reform institution to reject traditional physical penological methods. Instead applying psychocentric techniques in the experiment to reform social defectives, and acting as a 'psychological laboratory' that could deploy novel and more encompassing techniques for self-reformation, a systematic program was devised to use rewards as a basis for inciting individual transformation of moral subjectivities. Later, in 1914, Garofalo used the Elmira Reformatory as an example of the failure of the moral rehabilitation model (Jackson 1991:44).

The experts' distaste for the term 'moral insanity' thus provided the impetus and ground for creating a new appellation, namely 'psychopathy,' at the end of the century. For some psychiatrists, this term provided medical nomenclature with a more neutralized and less provocative epithet, while maintaining the psychiatric conviction that moral abnormalities

were based upon clinical facts and scientific truths. Despite contentions over terminology, diagnoses of a moral medical disorder thus persisted for that “class of individuals in whom there is a lack of self-control” morally and socially (Kerlin 1887:404). Referring to contestations over the term to be used, Hughes noted, “those who deny the possibility of moral insanity make a classification of *moral imbecility*, concessions which logically debar all opposition to moral insanity” (1882:72; emphasis in original).

Krafft-Ebing argued that as a clinical phenomenon moral insanity could be recognized by impulsive characteristics of periodic recurrence that created disorder and were due to pathological causes. His case studies included vagabondage, theft, alcoholic and sexual excess that he claimed were all due to naturally perverted instincts, particularly the sexual nature (1992:625). In one clinical case study, he describes a morally insane single, female servant as “lazy, mendacious, chasing after men, and prone to prostitution.” While “offending public decency” she found “nothing improper in her manner of life” causing “the respectable family,” by whom she was employed, to dismiss her services because of “her filth, negligence, laziness, bad manners, brutality, and senseless wasting of money. She went about with her clothing in rags, without washing herself, threw lighted matches on the floor without paying any attention to them, and even would solicit men at night before the door” (1992:627). The young woman, in her unconventional, and disreputable social conduct, was viewed not only as ‘bad’ but ‘mad’ for her outright disregard for social rules of propriety. Self-admittedly, Prichard wrote, “the varieties of moral insanity are perhaps as numerous as the modification of feeling or passion in the human mind” (1835:24) pointing to the far-reaching effects of the clinical classification. One conviction, however, held regardless of

other differences in professional opinion: the morally insane suffered from “a total want of moral feeling and principle” (Anonymous 1851b:285) which was to some extent due to the individual’s passions and temperament which went “beyond the limit that belongs to the natural variety of character” (Prichard 1835:25). Constituting a species of madness which was ethically defined and understood in social terms, moral insanity was characterized by an irresistible impulse evidenced largely by the lack of self-governance (Prichard 1842; Ribot 1906). The primary pathology of moral insanity was moral abnormality or utter disregard of the proprieties and conventionalities of social life (Workman 1883:335).

4.3 Social Conditions of Emergence

The rising authority of medical psychology played a pivotal role in the Western drive to apply positive knowledge to the moral governance of social subjects who, in one way or another, defied largely accepted prescriptions with a view to civility arising from court society (Elias 1978). The general fear of modernization’s effect on and amelioration of, traditional social institutions was manifested in a growing preoccupation with the harmful consequences of urbanization and the evils of civilization.¹⁸ Attendant upon this problematization of the social was the ever-present problem of moral refinement and the cultivation of virtuous souls with a view to bourgeois reproduction. Attempts to maintain traditional social foundations and the improvement of conduct called attention to the dangers

¹⁸ The view that civilization was dangerous to health was not limited to medical discourses on insanity. Whorton (2000), for example, discusses how nineteenth-century concerns with “self-poisoning” and corporeal systems of disorder and degeneration advocated an inner hygiene of the bowels in order to counter effect the polluting tendencies of civilization. This can be seen today in the growing middle-class project of ‘eating organic’ which is systematically denied to the poor who cannot afford the overpriced organic market economy.

of public vices such as drinking and prostitution and sinful individual behaviour in which the specification and regulation of the passions constituted a focal target. Contra Foucault's analysis of madness as "unreason in the age of reason," the thesis demonstrates that reason (not unreason) was required in the diagnostics of moral insanity.

The interrelationship between private life and public life took on a significant medical and social function in the nineteenth century: it demonstrated the need for experts to intervene in the private lives of individuals as a 'social problem' whereby individual vices or immoralities came to be synonymously entangled with character, appearance, propriety, honour, and order. Popular spiritual discourses were particularly important in the development of phrenology in Germany. Lavater's (1789) text on physiognomy at the end of the eighteenth century provided a means of performing "character diagnosis" on the basis of facial characteristics which, although written by a clergyman and famous spiritual consultant, made an enormous impact on psychiatric medicine and helped push characterology to the popular fore in both medicine and wider literate, middle-classes. This resulted in the dominating psychiatric discourse of the nineteenth century: phrenology, which would eventually branch off into physiognomic sciences. Between 1810 and 1819 Franz Joseph Gall and Johann Caspar Spurzheim published five volumes on the anatomy and functions of the brain, arguing that all mental differences among human beings were due to differences which could be localized in the brain and skull. Phrenology was a positivist medical practice based upon a theory which posited that the divisions of the brain could be compartmentalized into separate and distinct organs, each responsible for a particular mental faculty and its normal functioning or abnormal (dys)functioning, thus reducing the soul to healthy or deviant skulls

(Figure 4.1). Other human scientific experts, such as Redfield (1866) in the United States, further divided the sections of the ‘brain organs’ to localize more complex interior specificities for diagnosis (Figure 4.2).

The intertwining correlation between the soul and the social produced a new medical fixation on the important link between passion, moral sense, and character which designated a new psychiatric pathology which needed to be studied organically. This is most notably demonstrated by detailing the social discourses enmeshed in the nineteenth-century clinical discourses. This can be seen as an historical event where religion and science colluded and coalesced in new directions which centered on the conviction that immoral souls could be morally pathological not only theologically but, as science would demonstrate, materially too. The interior would undergo an entirely original revolution; one that would forever alter the conception of the human soul - the psyche and its expert domain. The psy complex thus became an entrenched cultural formation through materialist frameworks of myriad sorts. The ‘fallen’ and morally bankrupt graduated to medical ‘clinical cases’ via the growing moral and intellectual authority of the human sciences. The morally insane were no longer reducible to ‘evil sinners’ by the inviolable laws of God: scientific enlightenment and progress could, or at least would try, to prove through procedure and fact that the soul, psyche, personality - the non-empirical essence, the virtual interior - was a matter to be managed by the human sciences. As a now dominant human science, psychiatry wields inestimable powers, and today enjoys a cultural hegemony which neatly corresponds to the neo-liberal world order and its array of subjectifying forces and regimes of discipline. As a medical science, psychiatry became an institutionalized expert on the human soul,

particularly the constitution of the normal/pathological nature of the individual units of the social body. Medicine embarked upon an unequivocal moral campaign to find the material causes of degeneracy.

As physicians' accounts of diverse cases of moral insanity increased, more social importance was being placed upon the expertise of mad doctors. Its occurrence also signalled a social need for science to account for, explain, remedy, and govern human immoralities. Psychiatric medicine was generating recognition as a credible field of knowledge by administering to the social problem of moral transgressions. The psychiatric "recognition of this form of insanity" Kitching argued, was of "immense importance to society" (1857c:454). As an aggregate, or, loosely speaking, a group of unfit human beings, the morally insane threatened the civility and sanity of moral society. The human sciences necessitated a medicine of the soul as a social science to govern the diversity of populations which was also diversifying, and consequently, extending many types of immoral conduct. Vice thus became a medical concern.

4.4 Sinful Cities

The rapidly changing social world and growth of cities and crowds demanded new and more enlightened or scientific modes to morally regulate what was perceived as the escalation of individual desires and baneful habits as the result of new and unprecedented social and cultural forces. The progress of society was also viewed as the source of great misery.

Improved habits of life, and an enlightened system of medicine, are daily decreasing the number of the disorders which primarily affect the corporeal fabric; but as communities advance in zeal for intellectual acquirement, in

refinement, and in all means and appliances of luxury, the human frame...becomes exposed to the operation of new causes of disorder (Conolly 1830 cited in Taylor and Shuttleworth 1998:242).

Because of this growing social fear of rampant vice, the emergent psychiatric professional became leading contenders in the general objective of devising novel techniques to attend to the moral health of society. The quest for essential and universal truths of humanity and social progress, together with the scientific focus on discovering natural laws, aided in the medical production of novel strategies which rationalized an increasing attention to moral questions in order to prevent the overall degeneration of society. The general practices of managing the social world were also applied to the population of the insane, and as such the specific character of medical psychology progressively emerged (Donnelly 1983). Providing a network of scientific theories for understanding and obtaining the psycho-social health of the population, psychiatric medicine began its upward climb towards becoming powerful moral governors of a culture undergoing rapid secularization, urbanization, and modernization. In particular, the 'dangerous passions' and the excesses of civilization instantiated a focal concern for medicine which strove to remedy the unhealthiness of social vices in urban centers (Anonymous 1891d; Blackburn 1827; Broussais 1833; Guthrie 1858; Hale 1812). The growing aspirations to accumulate wealth and status at the turn of the nineteenth-century pointed to the urgency of returning to the subject of the passions as a social problem to be combated.

Among the moral causes that have abridged the life of man, there is one which merits...attention...; civilization...Society by extending the circle of his wants, by giving greater energy to his passions, and by generating those that are unknown to the man of nature, had become a fruitful and inexhaustible source of calamities (Tourtelle 1819:15-17).

The urbanized ‘life of man’ in civilization, the modern city, was seen to be perilous and fragile, necessitating a stronger retreat to moral virtues, a belief Prichard certainly embraced. The growing fear of disease, pestilence, and degeneration provided the fertile social conditions for laying the groundwork for medicine that could attend to the belief that immoralities were indicative of mental pathologies.

Urbanization itself was seen as a “deviation from the order of nature” and a primary cause of human disease (Ackerknecht 1968). The accumulation and congestion of people in the city illustrated to some, the evils of civilization and thus the necessity of a social psychiatry oriented towards battling what was viewed as contributing to the escalations of dangerous passions and rampant vice in the sinful city. For example, Tourtelle writes that, in the city:

life is necessarily shorter, the sweets of abundance less sensible, and the horrors of want extreme. They are continually the seats of epidemic and nervous diseases. They are the asylums [sic] of crimes and immorality; for depravity is always a consequence of this enormous and fatal accumulation of people; the passions and vices that result from them, degrade as well the body and mind, and prejudice as much the health of each individual as they injure social happiness (1819:17-18).

Thus a critical social historical understanding of space and place is one which understands that physical realities and geographical localities form and inform targets of regulation by constructing the city as a moral or immoral area or location. Power is not just an external relation “taking place” between already constituted spaces, but was intrinsic to the constitution of those spaces themselves. As such the dangerous and sinful city was a dominant concern emanating from the privileged classes (c.f. Cohen 1979; Gamwell and

Tomes 1995; Rude 1964; Sperber 1994; Smith-Rosenburg 1971).

4.5 Revolutions, Rebellion, and Hegemonic Desires

In the wake of the French Revolution, as industrialization and urbanization were expanding both in Western Europe and North America, the traditional social bonds based upon religious convictions and moral duties to the monarchy and the Church were being challenged, criticized, and overthrown creating massive social, economic and political unrest - conditions fertile for anti-capitalist social revolution. For example on July 20, 1789, *The Times* reported that

The regular troops held for the protection of Paris were persuaded to join the people; they were encamped in the Champs de Mars to the number of five thousand men and marched to the Hotel of Invalids, a building on the outskirts of the city; the Invalids joined the rest and brought away all the great guns and other ammunition belonging to the Hospital. With this reinforcement the people then attacked the Bastille prison, which they soon made themselves masters of, and released all state prisoners there.

When Louis XVI found out about the storming of the Bastille in Paris he is supposed to have said of the event ‘It is a revolt.’ ‘No Sire, it is a revolution’ was the response he received from one of his advisors (cited in Newth 1967:6). The moral causes of derangement were beginning to be conceived as socially or politically induced and derived by the nature of capitalist industrialization of Western society itself: “their origin [being] not in individual passions or feelings, but in the state of society at large; and the more artificial, i.e. civilised, society is, the more do these causes multiply and extensively operate” (Burrows 1828:18). As one American educational reformer wrote: “The evils of mankind are various in form, but one in kind. Departure from the Divine law is the one universal evil; but its visible effects in deranging society, in rendering individuals unhappy, in disturbing the harmony of the mind,

and in creating moral insanity...are the special evils against which philosophers and reformers have directed their attack" (Mansfield 1877:284-5).

Religious, political, and economic conflicts were eminent in the North-West resulting in the American war of independence at the end of the eighteenth century which was largely due to the reaction against British colonialism in the Americas (Canada and the United States). The "loyalists" wanted to maintain their privileges within the colonies thus favouring the British Trade Laws (e.g. Navigation Act) (Gaucher 1982:108, 574).¹⁹ Divisions thus occurred between the "loyalists" and "the patriots" who wanted complete independence from the British Empire. Both groups were directly motivated by their economic well-being which entailed further colonialization in the Americas. In 1791, Canada was constitutionally divided into the separate provinces of Lower and Upper Canada based upon British governmental control and terms (Gaucher 1982:574). Upper Canada became a separate British colony appeasing anti-Catholic and anti-Canadian sentiment at the turn of the nineteenth century. For Lower Canada the secular theory of government posed a threat to Catholic clergy who denounced the French Revolution. The Constitution Act legitimated the

¹⁹ The American war elicited a wave of immigration into the British North American colonies with approximately 5,500 "loyalists" settling in Canada. It is estimated that by 1812 eighty percent of Upper Canada inhabitants emigrated from the United States; however, only one quarter were considered "loyal" to the British Empire. Free land grants were given to the loyalists and protected by the British Army and land "speculators" as a strictly capitalist commodity amounting to a total of 3.2 million acres by 1787 alone. Land speculators and adventurers played key roles in the colonization of North America (Figures 4.3 and 4.4). The Church of England also received large grants in the form of "clergy reserves" (Easterbrook and Aitken 1988; Gaucher 1982). In fact, the first major land grab in what was to become Upper Canada in 1791 can be seen as the bourgeois face of the loyalist immigrant. Governor Carleton was particularly important in forging alliances between those struggling for sovereignty from the British Empire such as the French Catholic population resulting in the 1774 Quebec Act which curtailed American expansionism and provided a position for the Bishop in the ruling class. Carleton feared the American invasion of Canada and expected every parish priest to support the government (Gaucher 1982:74, 94-9, 110).

solidification and administrative alignment with British rule due to coinciding economic and governmental interests, particularly in the face of growing French republicanism (Gaucher 1982:102-5). By 1834 Joseph-Louis Papineau and William Lyon Mackenzie had realized that petitioning the British state and local support was insufficient in altering the conditions in Canada. Papineau who controlled the Assembly from 1815-1837 and Mackenzie thus became radical figureheads in the Lower Canada rebellion of 1837-1838 against the Colonial Office and the Family Compact²⁰ (Gaucher 1982:120, 133-4). Revolutionary social changes and conflict changed the Western socio-political economic landscape and not least of all, the culture of everyday life in Europe and the colonies under siege by expropriating forces.

The ‘dangers’ of modernization, urbanization, democratization, and industrialization were all assumed to negatively affect the passions inducing bad character of all sorts. Not least of all, the vices of undisciplined social conduct and desires would result in an epidemic of intemperate or otherwise improper and therefore dangerous behaviour threatening the already unstable political landscape. The historical concern with political resistance and

²⁰ The Family Compact was a State-Church alliance in Upper Canada aimed at destroying Methodist alliances with the Reform Party. In 1837, William Lyon Mackenzie referred to John Beverley Robinson, “Chief Justice” of Upper Canada as the head of one of the most corrupt families of the Compact” (Mackenzie 1974:120). Methodists, who were largely characterized as American republicans, constituted the largest denomination of Upper Canadians and were charged with disloyalty by the Family Compact. This posed a problem for the conservative colonialist rulers because education was in the hands of the Church which also meant that the Catholic Church in Lower Canada had a strong influence over the disgruntled population which was clearly expressed by Lord Stanley in 1833 who viewed radicals such as Mackenzie as “godless republicans.” The Anglo-Canadian commercial class were largely supporters of “a secular state with civil liberties and guarantees for private enterprise and government by taxpayers and property owners.” According to Catholic authorities, Canadiens needed to be separated from Protestant Anglo-Saxons and their liberal ideas on free thought and democracy (Gaucher 1982:125-126, 132, 233).

control provides an important context for the emergence of a moral form of insanity where any kind of conduct viewed negatively could be classified and calcified as ‘scientifically sick.’ Therefore the advent of moral insanity should be approached as not simply a medical problem but also as a social and political problem. Socially oriented medical approaches were crucial for the administration of ‘moral hygiene’ in the West and shaping the moral and economic subjectivities of its ‘citizens,’ the property-owning inhabitants of ‘civil society.’

4.6 Policing Morality: Medicine, Politics and Culture

Medicine provided a form of cultural policing or moral regulation that complemented and anchored itself to formalized policing. The early nineteenth century saw the birth of formal police forces which were essential to the construction and regulation of the dangerous classes (c.f. Kealey 2000, Kinsman 2000, Rimke and Hunt 2002; Sheldon 2001). One could argue that the category of moral insanity provided two essential roles in the historical process of state formation: first, it provided a means to legitimate the dangerous as an ill or degenerate social class according to medical authority (even if internally resisted); and second, it provided a formalized scientific category to cast a net over those groups and individuals who could not be formally classified as criminal due to the existing penal codes. Medical governance provided the legitimate authority for moral regulation which legal governance could not. Campaigns directed at policing the unfit included, however, major forms of social authoritarianism that reproduced social categories of dangerousness not only according to institutionalized morality (the law) but also in terms of spiritual damnation (religion), degenerate physiognomies (science), and social fears and anxieties (culture). State

formation was important in political marginalization, racialization, and instilling fears and anxieties about the Other; and psychiatric experts provided forms of medical policing, identification, and verification necessary for the emergent Western socio-economic order.

Strategies of the colonial rule of the imperialist capitalist state included deploying an army of agents to provide state surveillance and the gathering of information on that which threatened its control and existence: trade unionists, gays and lesbians, immigrants, and subversives such as anarchists, communists and socialists had an undeniable impact on the social and political fabric and culture of capitalist societies globally, as well as in Canada. A characteristic feature of “security campaigns” was the construction of sexual, gender, ethnic, and political differences in terms of “deviance” and “normality” (Kinsmen 2000:3). This wide scope of identified social groups demonstrates that state formation was as much about social regulation by state relations as it was culturally oriented toward moral regulation in civil society: state formation required a cultural revolution in strategies of moral regulation during the early nineteenth century (Corrigan 1981, 1990; Corrigan and Sayer 1985). The archive on moral insanity provides an example of how hegemonic affinities are produced through political affiliation and shared and contested moral values in the cultural field.

Historical records of secret police date back to the threat of revolt and organized protest by workers to the early industrial era. In England, a Home Office was established to monitor the Luddites who routinely sabotaged their bosses’ machinery (Thompson 1961:530). Tsarist Russia likewise created a secret police in 1826, as did Germany²¹ and

²¹ Richard J. Evans, for example, has collected twenty thousand political espionage reports during the period 1892-1914 in Hamburg alone (Buse 2000:12).

France by the mid nineteenth century and onward (Buse 2000:11-12). Buse (2000) and Smith (2000) provide critical historical accounts of the misuse of psychiatry for reasons of state control and governance. Attention to this concealed history started to become publicized at the end of the twentieth century, particularly with the publication of Anne Collins' *In the Sleep Room: The Story of CIA Brainwashing Experiments in Canada* (1988) and Muller-Hill's *Murderous Science* (1988).²²

Gregory Kealey and Reg Whitaker have provided important research concerning the political history of policing and imperialist control in nineteenth-century Canada. For example, many social groups, not least of all the Fenians, an Irish anti-imperialist revolutionary group²³, and an oft-cited ethnic group prone to moral insanity, resulted in the state identification of "foreign agitators," "Reds," Jews, Indian nationalists and other alien enemies as dangerous to national interests and security (Kealey 2000; Kealey and Whitaker 1996; Maurutto 1997, 2000). The Dominion Police Force was organized by Gilbert McMicken directly after the assassination of Thomas D'Arcy McGee on April 7, 1868, one of the 'fathers' of the 1867 *British North American Act*. In 1869, at the Carleton County Gaol, 75 Nicholas Street, Ottawa, militant Fenian James Patrick Whelan was publicly executed in the gallows to an audience of five thousand witnesses. The Dominion Police

²² Access to official historical documents and records is routinely obstructed by state officials who invoke the insurmountable argument that releasing certain information would constitute a "national security risk." This remains a serious barrier for not only social researchers in Canada but also for the people, that is "the public" or interested/concerned citizens (c.f. Kinsman, Buse and Steedman 2000).

²³ Militant Fenian movements were dedicated to the struggle of Irish nationalism in the colonies. They thus viewed themselves as exiles rather than Canadian immigrants because of their dominant experiences leading them to feel used, fleeced and exploited by and for the empire even if on a new continent (Miller 1993).

Force had one primary role in Canada: to protect colonialist government buildings (Kealey 2000:19). Irish rebels and immigrants, and Indigenous warriors who defended their land and lives, provided the impetus and rationale for Canada's first federal undercover "political police"²⁴ who could identify dangerous, subversive targets as an inferior or degenerate group which threatened the moral and economic health of the social body.

4.7 C19th Social Problems: Society, Health, and the Individual

Social historian, Charles Rosen, has studied and demonstrated the ontological historical relationship between sociology and medicine. For example, he argues that the awareness of medical problems as social problems resulted in a medical science which intrinsically was a social science. This recognition of the intrinsic social nature of medicine entails three observations: first, the health of the people was a matter of direct social concern; second, social and economic conditions had an important effect on health and disease, and these relations thus became the subject of scientific investigation; and lastly, steps needed to be taken to promote health and combat disease, and these measures necessarily involved social as well as medical action (1974:61-7). Feminist scholars of science have also argued and shown that science is an intrinsically social process (Findlay 1995; Keller 1985; Longino 1990). Critical sociological accounts of medical knowledge thus address the link between the course or aetiology of disease and the public nature of health, including the populations being targeted. In this sense, the individual became a constituent of a medicalized population who also underwent a process of moral evaluation by the educated classes in the service of public

²⁴ It was only after the Bolshevik revolution and the growing Canadian unrest and working class anger during 1917-1920 that led to the reorganization of Canada's secret service (Kealey 2000:19).

health, social order, and economic productivity.

For most doctors, ‘moral causes’ referred to social conditions such as poverty or an immoral environment. Dr. Davey observed that “the causation of insanity...is an affair of three W’s - worry, want, and wickedness. Its cure is a matter of the three M’s - method, meat, and morality” (cited in Showalter 1985:30). Endangering the human race was the

bad education of children, the libertinism of fathers, who transmit to their posterity their vices and their enervation; and the epidemics of luxury which depraves the human machine, and prepares the germ of a multitude of diseases, we shall not be surprised to see our superb cities peopled with deformed beings, scarcely constituted, who, born weak, live under the yoke of pain, and perish prematurely (Tourtelle 1819:18).

The notion that the increasing refinement of society was correlative with increasing madness can be witnessed in most nineteenth-century tracts on medicine and psychiatry. Proponents of the mental hygiene movement thus designed and deployed a psychiatric sensibility that in part also relied upon sociological conceptions of insanity. This is seen particularly in those narratives that pointed to environmental or social conditions as the causes for insanity. More significant, however, was that psychiatry began deploying a social logic to explain the nature of madness. This was particularly so with moral insanity. In order to reveal its real nature as an aberration, it “seemed proper to emphasise the fact that insanity is really a social phenomenon, and to insist that it cannot be investigated and apprehended rightly except it be studied from a social point of view” (Maudsley 1886:vi). Moral insanity, one of the Italian positivists argued, “was a sociological rather than psychological subject, because of the influence it may have over the state of society” with Lombroso pronouncing that it rightly belonged “to the discipline of sociology rather than psychiatry” (1888:4, 14).

Not only was moral insanity a social problem to be combated for the general health of the social body, it was at its very foundations a disease which pathologized subjects on the basis of their own organicism, ancestry, and place of birth - all factors indisputably beyond the control of the individual and rooted in social causes.

Prichard (1835:20) alerted his profession that there were many morally insane individuals "living at large, and not entirely separated from society" which served to emphasize the socially urgent policing functions psychiatrists should fulfill in governing the moral welfare and security of the nation. Wynter's essays on madness also helped popularize the view that an extensive swarm of moral lunatics lurked undetected in the general population, and threatened the health and security of the well-to-do. Describing the menacing characteristics of the morally insane, he writes:

They suffer from a paralysis of the moral sense; invariably they are untruthful, very commonly full of impure thoughts, and always eccentric both in thought and action. They have long belonged to the Borderland of Insanity...There are thousands who...swell the vast army of undiscovered lunatics which leavens unsuspectedly the sane population (cited in Taylor and Shuttleworth 1988:281).

Thus most of the morally insane were thought to go dangerously undetected and therefore, unpoliced: "[I]t must not be forgotten that for one case of moral insanity which is sent to the asylum, scores may exist which never cross the threshold of home, or are otherwise disposed of" (Tuke 1891b:66). Barr also agitated and exclaimed that the morally pathological are people "who crowd our homes and streets, who sit with us and walk by our side, who should be under perpetual guidance and restraint for their own as well as for the sake of society" (1895:275). Such broadcasts served to create, incite, and

instil social anxieties over the invisibility of moral madness rather than addressing the immorality and insanity of capitalist social relations. This contributed to the growing tendency to categorize social groups into the moral and normal/immoral and abnormal divide thus depoliticing the brutal effects of capitalism on individuals. Consequently, and by extension, there emerged a contingent division between those at risk versus those who endangered the so-called respectable (property-owning) citizens of the nation. Such social dividing practices also fuelled the growing fear of cities and ‘the strangers’ that inhabited them reproducing class conflict and revolutionary groups as veritable social forces to be reckoned with (Rude 1964; Cohen 1979). Pathologizing political and cultural differences was thus necessary for the ruling classes to maintain an upper hand in the face of growing resistance.

4.8 Industrialization and Moral Madness

During the seventeenth and eighteenth centuries, insanity was predominately defined in Western societies, in terms of a lack, or derangement, of reason. Conversely, sanity was understood as that state of being in which an individual’s reason retained mastery over the self and its faculties, particularly over the passions which were considered to be the ‘baser’ and more primitive faculties. Prior to the nineteenth-century, physicians were “taught to believe that the insane always rave and never reason” (Workman 1883:335). Thus most medical experts generally agreed that in order for a patient to be deemed genuinely insane, her or his reason, first and foremost, had to be negatively affected (Augstein 1996; Dain and Carlson 1962; Maugs 1941). Prior to the nineteenth-century, while a madman or madwoman might have suffered from disturbed passions evinced by immoral conduct,

medical explanations predominately attributed the pathology to the impaired or disturbed intellect (which was in some cases evinced by manifestations of delirium or delusions). Ungovernable passions or immoral conduct were thus understood to be the consequence of unreason or cognitive debilities.

Increasingly in the nineteenth-century, however, cases of madness were documented where patients did not appear to be experiencing or displaying delusions or psychoses of any sort. Nor were these patients diagnosed as possessing defects which impaired cognitive abilities. Instead patients were being interpreted and rendered, in one form or another as, *immoral yet lucid*. They displayed behaviour which was routinely referred to as *social violations of morality*. As part of a broader nineteenth-century movement where some art and philosophy came to highlight or express the non-rational, such as Romanticism, medical experts similarly shifted their scientific attention in that direction. Consequently, insanity grew to be considered more than solely upon Cartesian formulations of the self wherein the rational *cogito* was debilitated. In fact, it became understood that insanity need not entail irrationality at all. The doctrine of moral insanity provides a cogent example of this historical shift in psychiatric practice. The new emphasis on the presence of reason co-existing with excessive or ungovernable passions provided the substance and ground for creating a new species of mental disease - one in which the spotlight was placed upon the individual's moral faculty. Further, moral insanity signalled a deterioration of the individual's social sentiments whereby increasing attention was being placed upon the problem of unsettling social behaviour with 'antisocial' features (Schneck 1966:283).

This newly identified 'medical class' of social deviants was diagnosed as possessing

some defect of the moral faculty²⁵ which represented and manifested in an ‘insanity of immorality.’ The twin couplet ‘moral insanity’ signified a distinct form of madness based upon a double-presence of rationality and ungovernable passions in the form of transgressive social conduct: one which could, and would, largely address the social problem of immorality as a physiological condition via the widening domain of the human sciences. This discovery carved out the possibility of a new field of medical governance which would attempt to account for the socially unfit – the morally ungovernable as pathological subjects who came to represent one of the most dangerous anti-capitalist elements in the social body. This, coupled with a wider faith in science, contributed to the psychiatric constitution of transgressive interiorities. Medicine, both psychological and physiological, intervened and became the designated set of ‘specialists’ over the problem of immoral behaviour or otherwise ‘deviant’ behaviour, conduct previously conceived singularly as vice or sin: moral “defects which hold the same place in the mental scale as do vices” were absorbed into the field of medicine (Magnan 1884:692).

What makes the category of moral insanity so interesting is that it ushered in clusters of scientific principles and discourses which claimed that immoral conduct might have deeper physiological roots found in the organic constitution of the body. While a medicalized notion of immorality or amorality as types of mental pathology was supplied by others, it lacked a systematic doctrine and description rooted in the ‘natural’ laws of both science and

²⁵ Although melancholia had been traditionally defined in terms of a disease or disorder of affects, i.e. depressed, dejected or low spirits, which also left the reasoning faculties unimpaired, the key difference between it and moral insanity is that the latter points to the emergence of a medical category characterized, first and foremost, by moral ‘perversions.’

God. Nonetheless, immoralities as pathology interested a few late eighteenth century physicians, such as Benjamin Rush in the United States and Thomas Arnold in England: both wrote about the social problem of vice within a medical framework.

References were made to moral insanity in Thomas Arnold's (1742-1816) treatise, *Observations on the Nature, Kinds, Causes and Prevention of Insanity* (1782). He constructed two main species of madness: Notional and Ideal Insanity. Under Notional Insanity he included nine categories, two of which were specifically significant to the development of the doctrine of moral insanity and "the despotic authority of the passions:" pathetic and appetitive insanity. "Pathetic Insanity" was "distinguished by the striking features of a predominant passion, which is forever present...though, in some cases assiduously disguised" (1976:185). Those kinds of insanities identified as amorous, misanthropic, arrogant and distressful were directly associated with the emergence of moral insanity in the sense that they directed medical attention on the immorality of "extravagant," "unnatural," "lascivious" or "absurd" conduct. "Appetitive Insanity" which manifested, according to Arnold, as "nymphomania" could be "met in either of the sexes" and was regarded as "the consequence of the perpetual employment of the mind about the objects of irregular desire" (1976:315-6).

The symptoms offered by Arnold are socially significant and important for understanding the emergence of the doctrine of moral insanity for two reasons. First, both categories focused on excessive passions as pathologically oriented towards 'unnatural' and therefore abnormal desires or motives. Second, this conception highlights the emergence of firmer appropriation of vice or immoral conduct under the prognostication of medical

authority. Arnold's taxonomy demonstrates the earlier historical concern with placing immorality within the boundaries of psychiatric knowledge. His expert opinion was one which advocated "due regulation of the passions" in the prevention of insanity (1976:25).

Benjamin Rush (1745-1813) in the United States also endeavoured to reform extant nosological systems with terms that incorporated moral derangement as a medical disease. Instead of using the term moral insanity, he reduced vice to the species "micronomia" and "anomia." Micronomia was defined as a "partial or weakened moral faculty" whereas "the total absence of this faculty" he referred to as anomia²⁶ (1839:10-11). Rush (1839:1) adopted the term 'moral faculty' from William Battie (1758), and defined it as the "capacity in the human mind of distinguishing and choosing good and evil, or, in other words, virtue and vice" - what bourgeois culture regarded as "Reason," a virtue in and of itself (McCloskey 1999). It was futile, Rush reasoned, to remedy the occurrence of vice by lectures on morality. Instead, vice, which threatened the harmonious order of civil society, could only be cured with the wisdom and facts derived from the principles of scientific medicine. Medicine, for Rush, included more than simply caring for the body. The art of medicine also needed to serve as a surrogate ministry of the soul and morals: "May not...a medicine be discovered which shall improve, or alter the diseased state of the moral faculty?" (Rush cited in Takaki 1979:22).

²⁶ The medical term 'anomia' is highly interesting in light of Durkheim's sociological concept of 'anomie' which refers to a sense of social normlessness resulting from rapid social change and insufficient societal integration and regulation. It is highly probable, given Durkheim's familiarity with and knowledge of the medical discourses of his period (c.f. *Suicide* 1951) that his sociological conception of anomie was a reformulation of Rush's clinical concept of anomia.

Although it is impossible to resolve the meaning of ‘the moral’ in absolute definitional terms, it is clear that it designated a field that problematized the link between individual character and conduct and potential harm and social disorder (Rimke and Hunt 2002). The dissertation suggests, however, that the use of the word ‘moral’ in nineteenth-century medicine appears to have been deployed in three primary and related ways. This claim is based upon the patterns of clinical usage that have emerged through my historical research on moral insanity. First, the term ‘moral’ was used to refer to the emotional, psychical or soulful life of an individual, to that interior depth of one’s being that is invisible, yet visibly present through one’s conduct or location. Second, the term ‘moral’ was concerned with a Christian understanding of the ethical or proper conduct of citizens; a socially prescribed set of ‘standards’ that the average, God-fearing person adhered to. And third, it referred to the inherent sociality of the self; the moral being was synonymous with the social being, meaning that individuals were conceived as inherently constituted in and through social relations and ties.

One’s ‘morality’ was thus the signification or measure of one’s loyalty, cooperativeness, and dutifulness on the social and ethical planes. Because madness and immorality were so inherently linked, morality needed to be studied by medicine, or as Richardson put it, “the symptoms of insanity being so intimately related to conduct, the subject of morals must necessarily occupy a prominent position in the consideration of diseased mental action” (1890:363). Thus medicine began its momentous and ceaseless search for the causes of moral pathology in order to account scientifically for the nature of socially ungovernable souls.

4.9 Etiologies of Moral Insanity, or the Causes of Ungovernability

Moral insanity, which could be a permanent or temporary decline, was explained through six basic etiological models: 1) physical trauma or illness; 2) as a stage in a more serious mental illness; 3) as congenital pathology, often identified as a result of abnormal sexual maturation; 4) through acquisition due to bad habits and want of proper self-governance; 5) as a result of a poor moral environment and lack of moral education; or 6) due to an abnormal corporeal organization such as pathological hereditary dispositions, nerve disorders or lesions in the head. The attempts to make human qualities a tangible substance or give them a materialist foundation can be seen most strikingly in the discourses of degeneration and phrenology which are examined more closely in chapters five and seven, respectively.

Dipsomania, suicidal mania and kleptomania were a result of ungovernable passions or “paroxysms of excitement” which could occur in women at the onset of the menstrual period (Jelly 1881:561). Disorders affecting the head, attacks of paralysis, epilepsy, febrile or inflammatory disorders or corporeal shock could also cause moral insanity. Sometimes the morally insane’s alteration “in the character has ensued immediately on some severe shock which his bodily constitution has undergone” (Prichard 1835:21). Further, the consequence of lax self-governance over the dangerous passions could establish a pattern of vicious and bad habits which could further result in moral insanity.

The habit of lying, begun at first for the sake of some desired object to be accomplished by it, may become second nature, till the practice itself gives a morbid satisfaction, aside from any end sought by it. It is notorious that free drinking for exhilaration, sooner or later produces an infuriate appetite for any alcoholic liquid, which often operates with a sort of demoniac energy

(Anonymous 1857:367).

Poor judgment and lack of moral self-governance was considered evidence of “a lapse in character” (Maudsley 1884:238).

No over-arching causal theory for moral insanity was ever advanced; instead, experts hypothesized a host of possible causes. This presented moral insanity as highly procurable - a disorder all white and civilized people were susceptible to as it could result from any number of factors. However, as chapter five will demonstrate, one of the most forceful causal explanations advanced in the nineteenth-century was the theory of progressive hereditarian degeneration, a prominent scientific discourse championed by experts on moral insanity in the last quarter of the century which was strongly influenced and shaped by evolutionary theory of both Darwin and Lamarck before him.

Social class formed an axiological understanding and approach to moral insanity but its class basis cannot be solely explained by a unidimensional and unidirectional movement of social control of one class by another. Psychiatrists did not single out the ‘lower’ classes as primary targets on which to impose their beliefs and values; nor was the designation of moral insanity simply reserved for the middle or upper classes. Working class subjects are commonly identified in the literature. For example, Tuke, like other experts, included case studies on individuals from both “a good position socially” and “a low social position” (1885:178). A variety of occupations are identified throughout the medical literature and clinical case studies: a magistrate, a farmer, a priest, a “man of hard work,” a surgeon, and a squire, for example (Hayes 1864; Landor 1857; Prichard 1835). Diagnoses thus crossed class lines: the criteria of symptoms included a multiplicity of signs and evidence which

were not necessarily dependent upon wealth, occupation or status.

Discriminations based upon class position, however, did occur in etiological explanations and schemes. While moral insanity in the working classes, for example, was routinely explained as the result of coming from “bad stock” or loose moral surroundings (Kitching 1857a; Maudsley 1886), the middle and upper classes were commonly described as having undergone a “remarkable change in character” as a result of a fever or a blow to the head (Clark 1895; Prichard 1835). Moral insanity was alternatively explained as the effect of an immoral environment, which encouraged particular propensities that allowed the lower instincts to prevail, particularly regarding the poorer and impoverished classes of society. The social conditions of the poor were used to explain their higher rates of insanity and tendency towards degeneration. “The frequency of mental disorder and imbecility amongst the destitute poor is readily explained by reference to their wretched food, and to their miserable sanitary conditions to which they are so largely subjected. These circumstances constitute a fruitful source of psychical deprivation as well as scrofulous degeneracy” (Noble 1855:266).

Etiologies such as these largely exonerated economically privileged groups for their illness, while the morally insane poor were more often held directly responsible for their madness through the usage of metaphysical explanations seen in notions like ‘the will’ and ‘self-restraint’ or due to their socially inferior moral ‘environment.’ Whilst all classes were thus identified and diagnosed, the class-specific explanatory schemes were informed by ontologized conceptions of the working and non-working classes as filthy, unruly and disorderly or predisposed to moral madness by their natural inferiority. This also served to

legitimize their poorer lot in life. Moral judgments of the life conditions informed the psychiatric theories and interpretations of moral insanity. Also, cases of moral insanity alerted experts that the middle and upper classes were not safe-guarded from moral madness. The acknowledgement that even superior social groups were candidates for moral insanity represented a bourgeois fear of becoming like the Other or not being what one ‘in nature’ should be. The normal thus also referred to the familiar whereby the unfamiliar was feared or condemned as abnormal.

4.10 The Treatment and Prognosis for Moral Insanity

In the mid nineteenth-century, treatment for moral insanity was similar to the conventional remedies applied to most forms of insanity: nauseating nostrums, bloodletting²⁷, purgatives, blistering and setons²⁸ were also used in these cases (Anonymous 1851b:285). Laycock (1840) used galvanic methods localized on the ovaries, as well as medications, and moral and hygienic treatments for administering to morally insane females. Localizing insanity within the reproductive system was consistent with the wider belief that women were defined by their biological constitution. As such, it should come as no surprise that the ovaries were considered the site to be treated and the physiological source for insanity.

More palatable explanations for morally insane middle class females displaying “morbid appetites” and disruptive behaviour were diagnosed as suffering from “ovarian

²⁷ Bloodletting was a popular treatment in nineteenth century European medicine. For example, forty million leeches were imported into France yearly (Porter 1999:32).

²⁸ Threads drawn through a fold of skin to remove impure matter.

irritations" rather than an innate hereditary disorder:

Cases are by no means infrequent in which the sufferer from this sad derangement is the most intellectual and most amiable of the family...Hence, when, after numerous struggles to repress them, the propensities, excited...by the ovarian irritation, burst forth beyond all control, and the pet of the family is seen to be the opposite, morally, in every respect to what she had been - irreligious, selfish, slanderous, false, malicious, devoid of affection, thievish in a thousand petty ways, bold - may be erotic, self-willed, and quarrelsome - the shock to the family circle and friends is intense; and if the case be not rightly understood, great, and often irreparable mischief is done to correct what seems to be vice, but is really moral insanity (Anonymous 1851b:33-4).

Morally insane men who could not control their 'solitary vice' could be subject to brutal corporeal 'treatment' and physiological intervention:

The best form of such interference is so to fix that the erection becomes painful and erotic impulses very unwelcome. To accomplish this, the prepuce is drawn well forward, the left forefinger inserted within it down to the root of the glans, and a nickel-plated safety pin, introduced from the outside through skin and mucous (member) is passed horizontally for half an inch or so past the tip of the left finger, and then brought out through the mucous membrane and skin so as to fasten outside. Another pin is similarly fixed on the opposite side of the prepuce. With the foreskin thus looped up any attempt at erection causes painful dragging on the pins, and masturbation is effectually prevented. In about a week some ulceration of the mucous membrane will allow greater movement and with less pain, when the pins can, if needful, be introduced in a fresh place, but the patient is already convinced that masturbation is not necessary to his existence, and a moral as well as a material victory has been gained (Yellowlees 1892:785).

But this method of treatment was considered "unsuitable and of little service" for those extreme cases where "power of erection is almost lost" (1892:785). Other treatment practices included blistering and cauterization which were also prescribed as a preventative measure but were only effectual for a short period of time and caused an "itching which...tends to aggravate the evil." Some medical experts hypothesized the cause of masturbation was due to an "irritable condition of the valve at the junction of seminal and urinary tracts" in which

"the local application of nitrate of silver is said to be followed by excellent results."

Others advocated castration and ovariotomies as cures but Yellowlees voiced his doubt over the efficacy of such modes of treatment: "Sexual desires are not destroyed, and their prurient indulgence would not be prevented, although impregnation would be impossible. Clitoridectomy still has its advocates, but the whole of the sensitive surface cannot be removed, and in this country at least the operation is generally deemed ineffectual and unsatisfactory" (Yellowlees 1892:785-6). Hydrotherapy was also used throughout the nineteenth century. "To allay irritation and excitement, a prolonged sitz bath as hot as can possibly be borne is probably the most effectual remedy, while the cold sitz bath night and morning is very helpful as a tonic." "Sexual sedatives" which provided a "calmative power" included bromides, salix nigra, gokeroo, strychnine and quinine (Yellowlees 1892:786).

Masturbation in females, while

possibly less exhausting and injurious than in the other sex, it may be more frequently and easily indulged, mere friction of the thighs often sufficing to produce the erotic spasm; and it is impossible to prevent the practice by any mechanical or surgical interference. To tie the hands or enclose them in a muff sometimes answers well, but in bad cases it is futile, as friction is made against the bed, or the furniture, or even by the patient's own heel (Yellowlees 1892:785).

Morison advised the following with regard to the treatment of women with ungovernable sexual desire.

Erotomania being sometimes accompanied with hysterical symptoms and obstructed catamenia, the removal or mitigation of these complaints becomes an indication of great importance. Where local irritation is found to exist, the removal of the cause of irritation has entirely cured the most severe form of this disorder: thus, by the excision of a large portion of enlarged Nymphae, artificially produced, giving rise to Nymphomania, the disorder was completely cured. Seclusion, change of scene, the cold bath, the shower bath,

the douche, and cold applications to the region of the uterus, have all been employed with great advantage, and camphor in large doses has been found of service (1843:77; emphasis in original).

Other ways of breaking the evil habit involved the introduction of new interests and occupations such as cricket, golf, volunteering, cycling, or any other pursuit which entailed “healthy exercise and free intercourse with others” (Yellowlees 1892:786). Prescribing sexual intercourse, which was also done, was considered wrong both morally and medically by Yellowlees. Marriage instead was deemed a natural remedy for “nervous” sexual disorders, such as those characterized by an excessive sexual appetite in the gentler sex. Varley urged husbands to maintain “control over the passions” by reducing marital intercourse because excessive sexual activity weakened man (1884:10). Wives were also cautioned against complicity in sexual excess: “women are but too willing partners in excessive intercourse and their debasement is as great as any wretched prostitute who walks the streets” (Ward 1892:13). It did not go without medical notice therefore that “some of the worst masturbators are married persons, of both sexes, who continue to practise their vice notwithstanding full opportunities for normal intercourse.” Any sexual excess, in fact, was considered “baneful” and carried its penalty in the form of general paralysis (Yellowlees 1892:786). Sexual forms of moral insanity were thus subjected to a battery of treatments and remedies which hinged upon corporeal interventions to repair the blemishes of the soul through disciplinary knowledge and techniques of the body.

Moral management was also advocated: “Many of these [doctors] believe that a change of outward circumstances and treatment, in the way of dietetics, hygiene, medications, and social reconstruction, will cure the moral distempers of men” (Anonymous

1857:353). Doctors recommended regular discipline and daily labour in asylums for a general cure for moral insanity. Nonetheless the prognosis was grim. Jelly, like the majority, insisted, “[v]ery little can be said in the way of treatment.” It was paramount to enclose the subject in an environment which could encourage or even demand “moral control.” The practical purposes of the science of medical psychology were to teach the art of restoring the disturbed appetites of the psyche back to normality (Harms 1967:124-5). The morally insane “should be removed from temptation as much as possible, and any physical disease should receive proper treatment ...and be obliged to work as a means of cure” (Jelly 1881:563). Moral education, hard labour and discipline, however, was rarely found to be a successful remedy in treating the morally insane because as “certain individuals [they] are unable to behave themselves in the face of either whipping or of kindness” (Nicolson 1891:58).

Burke, echoing the prevailing medical sentiment, exclaimed that the lack of strict moral training contributed to the growing “moral lepers of the land” and advocated the need for moral education (cited in Benedikt 1894:596). However, “Severity and kindness may alike fail to elicit the moral feelings or to check immoral tendencies” (Tuke 1892a:814). Prognosticated as incurable (Prichard 1835), the best remedy for the occurrence and propagation of moral insanity was believed to be sterilization, confinement, laws prohibiting marriage, or at the extreme, extermination.²⁹ These were considered the most effective strategies in the project of “crushing degenerates out of our midst” (Anonymous 1895:569).

²⁹ Although some psychiatrists advocated the eugenic logic for extermination, I was unable to find any archival evidence in the publications that the morally insane were subjected to direct death by the state; that however does not preclude the strong possibility that such horrors occurred.

Clear eugenicist logics of race survival impacted the scientific opinions of most moral insanity experts.³⁰ The rediscovery of Mendel's genetic research in 1900 heightened scientific interests in the scientific basis of human nature and breeding. The growing economic interests in animal breeding and agricultural science spurred on increasing funding to research focussing on the science of heredity and biological inheritance (Thurtle 1996, 2002, 2004).³¹

Moral reformation through punitive measures was believed to be pointless: "In the treatment of such cases, punishment is utterly and hopelessly futile...they are the most unwelcome inmates of an asylum" (Yellowlees in BMA³² 1885:285). Even the confinement in jail could not improve William B.'s morals (Clark 1886). Referring to a four-year old boy, Manley dictated that threats and punishment on morally insane children had no curative influence (1883:531). In spite of parental and scholastic training these children usually remained incorrigible liars or thieves and prematurely depraved (Tuke 1892a:814). Children subjected to bad moral examples in the environment and hereditary dispositions were thought to become demoralized. Sexuality, for example, developed unnaturally early producing sexually precocious children at a very young age. This was one way debilitated character

³⁰ Political and economic elites relied on the genocidal logic of 'race science.' Canadian Prime Minister Mackenzie King, for example, held Lamarckian views of human evolution and United States president Theodor Roosevelt coined the term "race suicide" (Valverde 1991:109).

³¹ It is important to note the approximate differentiation between these biological sciences; the distinction between genetics and eugenics occurs most forcefully in the early twentieth century after the rediscovery of Mendel's research on heredity and inheritance. "Genetics, the pure science, dealt with mechanisms of inheritance and studied any organism, while eugenics was considered the branch of the applied science that studied humans" (Thurtle 1996:98).

³² The British Medical Association.

could form and be passed on. This could mark the beginnings of moral degeneracy because a “well-regulated childhood” was foundational in the development of a healthy and moral habit of adult life (Acton 1857).

Mid nineteenth century views on childhood were generally negative, especially of poor children who were seen as incorrigible - corrupt monsters or savages - who were viewed as the literal embodiment of incivility for the nineteenth century medical subjectivities. This harsh characterization stands in stark contrast to contemporary Western visions of childhood which rest upon a romantic, if not narcissistic dynamic: historically children were viewed in economic terms of liability and productivity rather than as sweet, darlings. Terms used to describe poor and/or homeless children, such as “delinquent,” “street arab” or “street urchin” during the nineteenth should come as no surprise. “Adoption” was a kinder euphemism than the popular “bastard” designation for unwanted children who were often placed in poorhouses or orphanages, and often adopted to provide free labour. It was not until the end of the nineteenth century that the children’s rights movement surfaced aimed at “child-saving.” Nonetheless, child labour continued to be a key source of capitalist accumulation in Canada and elsewhere in industrialized societies until the twentieth century. This coincides with the indigenous eradication acts executed by the emerging Canadian capitalist state. The Anglicization of Indigenous peoples is seen in the tragic historical example of residential schools which aggressively pursued policies which amount to nothing less than state-sponsored Indigenous ethnocide. Children were routinely imprisoned alongside adults in almshouses, workhouses, poorhouses, and houses of industry, penitentiaries and asylums in the nineteenth century, and rarely survived. Ninety percent of 600 abandoned children at a

Montreal orphanage died in 1863. In 1883, the Bethlehem Home for the Friendless in Ottawa records 199 deaths in a year where there had been 224 children admitted (Peikoff and Brickey 1991:77, 81). Industrialization had serious effects on the child population who provided a significant amount of labour power in factories and mills. Pauper children became the property of parishes that often sent them off quite cheaply to capitalists as a cheap source of labour. By the end of the nineteenth century the West witnessed a more Christian approach to the care of children stressing ‘the moral value of the child’ who should not be used as profit-machines but rather little people who needed to be loved not exploited. Children should be ‘taken in’ for reasons of love rather than economic interests and “instrumental values” (Zelizer 1985:176). Nonetheless poor children largely remained the property of the Church or the State with the advent of Children’s Aid societies providing free domestic and other labour. The social problem of bastards was also an asset for the privileged who applauded themselves for taking in the poor children of wretched stock and descent. However, tensions about the mixing of bad blood and immoral germs emphatically emphasized the need to govern human reproduction with a view to purify the population.

Experts argued that the cure for the morally insane, that hereditary breed with their tendency to degeneration, was either improvement or abolition of “parent stock” (Thomson 1870:331). Thus arguments for legislation prohibiting marriage were increasingly advocated (Barr 1895:282). In order to secure a marriage licence Barr suggested that the parties should be required to show a family record - “a clean bill of health” so that the State could take measures to secure a “healthy race” (Barr 1895:283). Although Barr advocated absolute sequestration of the morally insane from their communities, his preferred action plan was

clearly more ominous and unnerving: the wholesale eradication of “abnormals” was, in his expert opinion, the surest plan in saving the future of the race from moral degeneracy. By the end of the nineteenth-century eugenic strategies were starting to be linked to cases of moral insanity because of the growing recognition that this dangerous class could not be cured and posed a serious risk to the health of the (white) race and nation. “We must tap the main root if we destroy the evil; that means separation of vast territory for the direct purpose of eradication, and the free - I speak literally, not metaphorically - the free use of the pruning knife. Heroic measures these, but it is the war of extermination” (Barr 1895:283). Sequestration not only separated the dangerous from potential victims and society’s orderly functioning but also acted as a strategy to prevent propagation of a degenerate moral stock in the best interest of the nation and race. The “morally and socially unfit will be brought about that our human stock will be improved by keeping out of the national blood some terribly bad strains” (Kerlin 1887:404). Falret, however, provided a more nuanced and individually tailored approach - but no less menacing - in dealing with the morally insane and argued that rather than applying an absolute principle of sequestration, the decision should be evaluated in relation to the particular case at hand and “left entirely to the knowledge and conscience of the physician to the asylum in which the patient is found” (1867b:55). However, the majority held the view that the “prognosis is always doubtful and generally unfavourable.” This was generally believed to be due to the powerful nature of biology that determined the pathological nature of the morally insane soul. Due to a strong hereditary taint or the nature of the aetiology that indicated an impaired or weak constitution, the morally insane were hopeless in the sense of reformation (Jelly 1881:563). Williamson also declared that

reformation of degenerates was impossible; and those who did successfully reform morally were never in nature actually bad (Williamson 1898:145-7). What was implied by “cure” was that the power of moral governability was regained (Mayo 1853:32; Woodward 1838:126). If patients could demonstrate the “sane power of self-control” they should be discharged from asylums (Campbell 1887:79). By the end of the nineteenth-century, most experts on moral insanity, however, did not believe that sufficient moral education, discipline and strengthening of the will could reform the character and cure those afflicted with moral insanity. “Moral training in such a case is barren of results. Efforts at education do not result in any modification of character” (Richardson 1890:365).

For Woodward, the question of whether an individual was under the influence of mental disease was secondary to the larger and more socially significant question of whether the subject was “dangerous to be at large” (1838:125). The claim however, that all insane individuals were potentially dangerous provided a rationale for sequestering any morally insane patient through confinement. At the same time, morally insane individuals who were not necessarily identified as dangerous *per se* but rather as the

cause of endless troubles to their families or to society, spreading disorder everywhere about them, and finally becoming so intolerable to all who have to do with them...their confinement seems to be absolutely necessary...They are a real hell upon earth, and when they are once known it is only too easy to comprehend how confinement of patients of this class may become indispensable to the tranquillity and security of families and society (Falret 1867b:54, 55).

Yet medical experts argued that confining degenerates was also dangerous because of “moral infection” which when institutionalized proceeded in a “geometrical progression” (Benedikt 1894:593). The morally insane, due to their inherent ungovernability, were considered the

worst and most troublesome population in the asylum: “[N]o class of patients is more to be dreaded in such an institution, on account of their demoralizing influence which they exert upon their fellow-patients and the anxiety and annoyance which they cause the officers in charge” (Jelly 1881:563). “They are the curse of every asylum to which they are sent” and in Dr. Wiglesworth’s opinion “an asylum is not the place for them, but rather the prison (Anonymous 1891a:99). On the other hand, because the morally insane often appeared so rational, once committed they could not be retained for long, and were begrudgingly released, only to reappear at the asylum in the future (Falret 1867b). Controlling the morally insane population posed significant crises for medical authorities.

Roy Porter argues that the last third of nineteenth century psychiatry was marked by a ‘new’ pessimism in Western psychiatry. Psychiatrists, he maintains, became “victims” of their own claim that deviant behaviour traditionally labelled, as vice, sin and crime were medical disorders. As a result, “difficult cases” from workhouses, almshouses and jails were transferred to asylums. The growing asylum population created several problems for the psychiatric governors. First, was the recognition that ‘moral therapy’ failed to reform many patients thus having little therapeutic value. Second, was the practical problem of managing the asylum. The dip in both discharge figures and cure rates meant that more resources were needed to meet the mounting economic costs involved in caring for a growing population. The earlier optimism to ‘cure’ insanity through ‘moral management’ shifted to a more pessimistic model where insanity was viewed as largely determined by physiological explanations in at least Ireland, Britain and the U.S. (Porter 2002:118-120). To this list we should also add Canada.

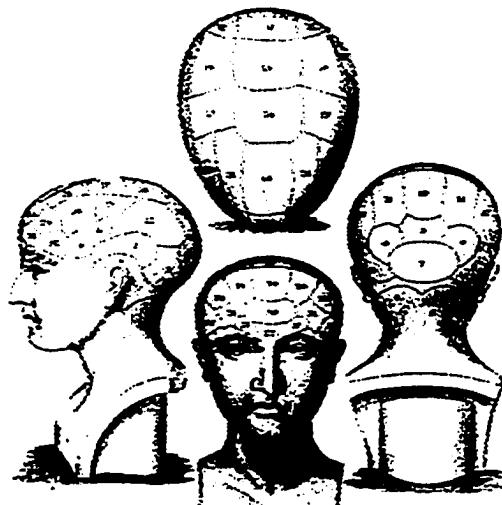
4.11 Conclusion

The potential scope of this highly ambiguous and elusive psychiatric category cast a shockingly wide moral net over the colonialist social world. Prichard himself remarked on moral insanity: “there is scarcely an act in the catalogue of human crimes which has not been imitated...by this disease” (cited in Smith 1981:39). In fact, one of the greatest difficulties in diagnosing moral insanity was its close relation to ordinary wickedness and wilful vice; the varieties of the disease often differed only in degrees from normal interior states and manifestations of upstanding conduct.³³ As a result, the doctrine of moral insanity opened a long debate within the legal sphere in terms of the merits and problems involved in such an ambiguous medical denomination (De Saussure 1946; Donnelly 1983; Sadoff 1987; Waldinger 1979). Nonetheless, moral insanity continued to be studied, applied, diagnosed and discussed throughout the century. Willard Parker, a professor at New York’s College of Physicians and Surgeons testified at a criminal trial in 1856 that the majority of “well-educated physicians” of the time employed the doctrine of moral insanity in their practice (Dain and Carlson 1962:796). A host of texts focussing on the nature of moral insanity therefore multiplied as professionals became convinced of its significance and validity (Robinson 1996:158). As the doctrine of moral insanity was gaining popularity and scientific recognition, it also came under increasingly harsh criticisms and challenges from both legal and medical experts that are addressed and examined in chapter six. These challenges impelled and incited psychiatric experts to construct an ever-expanding diagnostic regime,

³³ “The difference between the tippler, moderate drinker and confirmed drunkard is only a difference of degree, not kind” (Williamson 1898:243).

moral science, and social grid for identifying and proving cases of moral insanity. As Anne Digby (1985:83) has remarked, the broad definition of the category provided an open invitation to assign the category of madness, resulting in mad doctors diagnosing the disease with "surprising self-confidence."

Figure 4.1 Gall's *Names of the Phrenological Organs* (frontispiece in Combe 1834)



Names of the Phrenological Organs

REFERRING TO THE FIGURES INDICATING THEIR RELATIVE POSITIONS.

A P P E C T I V E		I N T E L L E C T U A L	
I. P R O P E R T I E S	II. R E S P I R A T I O N S	I. P E R C E P T I V E	II. R E F L E X I V E
1 <i>Foolishness</i> Page 116	10 <i>Self-esteem</i>	22 <i>Individuality</i>	34 <i>Comparison</i> 41d
2 <i>Philoprogenitiveness</i> 121	11 <i>Low Apprehension</i>	23 <i>Time</i>	35 <i>Memory</i> 41f
3 <i>Unconsciousness</i> 124	12 <i>Cautiousness</i>	24 <i>Sur-</i>	389
4 <i>Affection</i> 127	13 <i>Borderline</i>	25 <i>Night</i>	393
5 <i>Curiosity</i> 127	14 <i>Saturation</i>	26 <i>Groaning</i>	398
6 <i>Destructiveness</i> 125	15 <i>Forness</i>	27 <i>Locality</i>	411
7 <i>Homicidess</i> 124	16 <i>Conscientiousness</i>	28 <i>Number</i>	420
8 <i>Sentiment</i> . . . 120	17 <i>Hyp</i>	29 <i>Order</i>	421
9 <i>Aquisitiveness</i> 123	18 <i>Wonder</i>	30 <i>Exactness</i>	425
9 <i>Constructiveness</i> 227	19 <i>Idioty</i>	31 <i>Time</i>	427
	?	32 <i>Time</i>	431
	20 <i>Mix or Middleness</i> 34	33 <i>Language</i>	446
	21 <i>Inhibition</i>	34	

Figure 4.2 "New System of Physiognomy" (Redfield 1866)



DR. REDFIELD'S NOMENCLATURE.
NAMES OF THE PHYSIOGNOMICAL SIGNS
ACCORDING TO DR. REDFIELD'S SYSTEM.

[The Numbers refer to corresponding ones on the diagrams.]

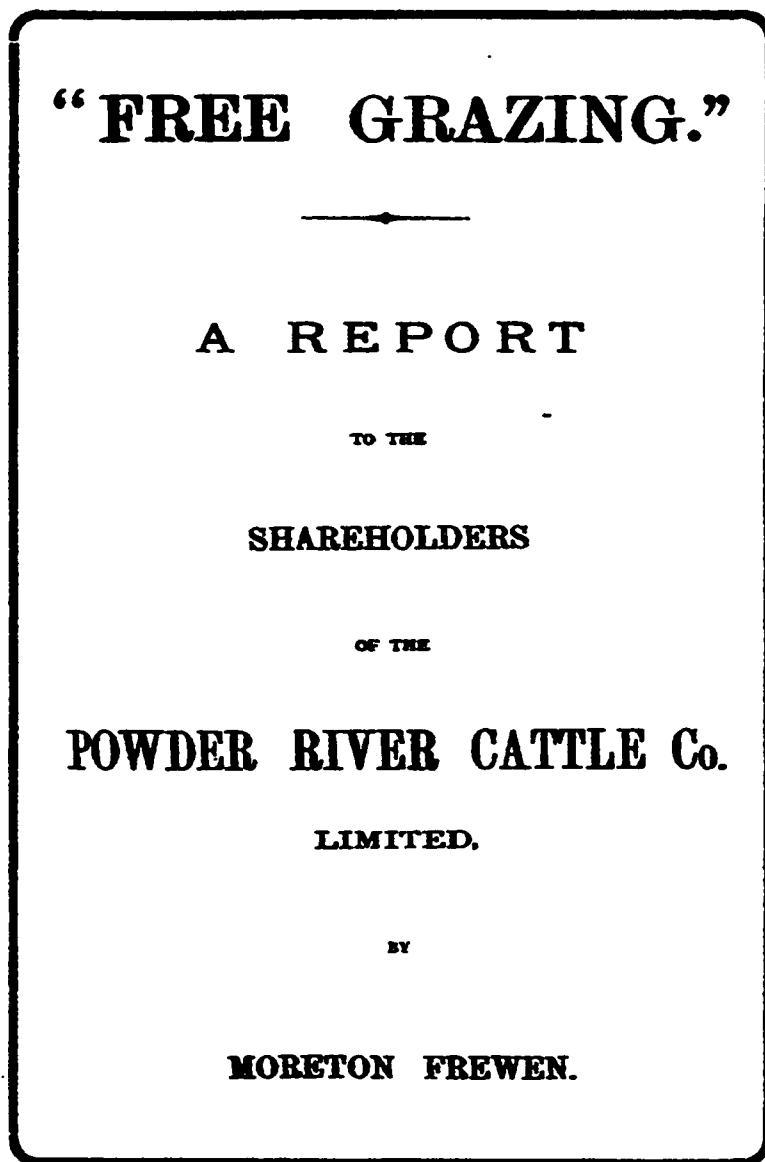
1. Benevolence.	66. Conjunctions.	132. Fraternity.
2. Kindness.	67. Contest.	133. Sociality.
3. Gratitude.	68. Resistance.	134. Travel.
4. Respect.	69. Subterfage.	135. Home.
5. Immortality-Belief.	70. Adverbs.	136. Patriotism.
6. Romance.	71. Scruposity.	137. Philanthropy.
7. Poetry.	72. Verbs.	138. Jealousy.
8. Enthusiasm—Hope.	73. Interjections.	139. Meanness.
9. Sublimity.	74. Prepositions.	140. Sadness.
10. Imitation.	75. Construction.	141. Congenitality.
11. Example.	76. Shadow.	142. Desire to be Loved.
12. Discovery.	77. Machinery.	143. Desire to Love.
13. Analysis.	78. Molding.	144. Violent Love.
14. Metaphor.	79. Weaving.	145. Ardent Love.
15. Analogy.	80. Architecture.	146. Food Love.
16. Causality <i>a priori</i> .	81. Attack.	147. Love of Beauty.
17. Wit.	82. Clothing.	148. Faithful Love.
18. Imagination.	83. Water.	149. Republicanism.
19. Erengeblanca.	84. Leaping.	150. Responsibility.
20. Contrast.	85. Watchfulness.	151. Caution.
21. Association.	86. Protection.	152. Resolution.
22. Invention <i>a posteriori</i> .	87. Hurting.	153. Perseverance.
23. Correspondence.	88. Whirling.	154. Severity.
24. Comparison.	89. Sleep.	155. Abstraction.
25. Combination.	90. Repose.	156. Self-Control.
26. Time.	91. Rest.	157. Determination.
27. Events.	92. Tantion.	158. Willingness.
28. Duration.	93. Suspicion.	159. Engrossment.
29. Velocity.	94. Gain.	
30. Precision.	95. Economy.	
31. Plan.	96. Relative Defense.	A. Parental Love.
32. Eloquence.	97. Self-Defense.	B. Self-Love, Superstitious-ness.
33. Somnambulism.	98. Coddling.	C. Family, Filial Love.
34. Repulsiveness.	99. Concealment.	D. Reform and Triumph.
35. Activity.	100. Correspondence.	E. Faith and Immortality.
36. Instinctiveness.	101. Discovery.	F. Hope and Enthusiasm.
37. Expressiveness.	102. Inquisitiveness.	G. Charity.
38. Attractiveness.	103. Responsibility.	H. Justice, Arbitration.
39. Memory.	104. Concert.	I. Conscience.
40. Consciousness.	105. Politeness, Simulation.	J. Eminence, Gratitude, and Kindness.
41. Voluntariness.	106. Surprise.	K. Penitence.
42. Place.	107. Exclusiveness.	L. Confession.
43. Direction.	108. Love of Life.	M. Historical Truth.
44. Distance.	109. Capacity.	N. Prayer.
45. Momentum.	110. Resistance.	O. Rapture.
46. Color.	111. Subterfage.	P. Collating and Punctuality.
47. Order.	112. Destructiveness.	Q. Mathematical Truth, Humility, Apology.
48. Music.	113. Filial Love.	R. Fiction, Wonder, Self-Justification.
49. Reaction.	114. Parental Love.	S. Example and Influence.
50. Lightness.	115. Concentration.	T. Admiratio.
51. Numbers.	116. Comprehension.	U. Sleep.
52. Shape.	117. Application.	V. Excitiveness.
53. Fluidity.	118. Gravity.	W. Hospitality.
54. Weight.	119. Magnanimity.	X. Bonvancy.
55. Size.	120. Precision.	Y. Acquisitiveness.
56. Form.	121. Cheerfulness.	Z. Economy, Submission, Subserviency.
57. Consistency.	122. Ostentation.	& Independence and Firmness.
58. Command.	123. Envy.	
59. Nouns.	124. Hatred.	
60. Adjectives.	125. Adhesiveness.	
61. Substitution.	126. Approbation.	
62. Climbing.	127. Preserving.	
63. Enjoyment.	128. Enjoyment.	
64. Participles.	129. Climbing.	
65. Medicine.—65, A. Wave motion.	130. Substitution.	
	131. Equality.	

Figure 4.3 *Mr. Frewen of England: A Victorian Adventurer* (Leslie 1966)



Figure 4.4

Frewen's 1883 Report to Shareholder's on "Free Grazing" (Back Cover, Leslie 1966)



'It has occurred to me that as the enterprise in which we are engaged is somewhat of a financial novelty and as we are the first Cattle Company which has been officially recognised by the Committee of the London Stock Exchange, a report upon this western industry and its probabilities would not be without a certain value.'

Moreton Frewen at a shareholders' meeting, Feb 7th, 1883:

CHAPTER FIVE: MAPPING THE INTERIOR: PASSIONS, THE MORAL FACULTY AND CHARACTER

The dangerous class is that in which with serious disorder of the moral sense there is but little general intellectual disturbance (Richardson 1890:367).

Sin or passion, no matter which! In both cases we are on the same (ethical) ground (von Feuchtersleben 1854: 246).

The cases in which the moral sense is destroyed by disease or is absent from birth are alone entitled to be called cases of ‘moral insanity’ (Kiernan 1884:574).

Can they be intelligent and rational beings, who...cherish the body, but neglect the soul — court the approbation of men, but disregard that of God - and drink at the streams of pollution, while they shun the pure fountains of life and joy...How mournful...that madness of the soul (Ide 1841:276).

This chapter examines how nineteenth-century psychiatry constituted the interior ‘matter’ of the subject of moral insanity by its organization of the interior or psyche into constituent ‘parts’ or ‘mental organs.’ It therefore questions and examines how the morally insane, as both subject and object of psychiatric knowledge and power became constituted, organized, and classified as abnormal based upon a corporeal compartmentalization of interior faculties or brain parts. Implicit in the psychiatric process of dividing and organizing the interior was the conviction that an abnormal functioning of interior ‘parts’ and propensities could theoretically explain the occurrence of moral insanity. The mental parts or interior faculties were routinely marshalled to demonstrate the natural demarcations between the normal and pathological interior or psyche, character, soul as intangible yet ‘real.’ It provided a set of boundaries for social and medical classifications of morality that were fundamental to the authentication of the psychiatric formation of moral insanity. In order to

demonstrate how the interior was assembled, the chapter examines the historical linkage between the moral faculty, the character, and the passions as different functioning mental parts of the human body. It therefore attempts to disentangle the psychiatric discourses on the passions, the will, the moral faculty, the character, temperament, propensities, appetites, and the like, and investigates the historical assemblage of ‘the moral faculty,’ and ‘the passions’ as epistemological units of perceptibility which rendered the pathological interior life of the morally insane intelligible and explicable. This is approached as a practical question for psychiatry, particularly in the attempts to know and explain the dangerousness of the morally insane.³⁴

The chapter addresses three primary and related questions: first, how did ‘the moral’ as an attribute of human being become a property of the body through psychiatric discourses? Second, how and why were the passions addressed and mobilized in cases of moral insanity? Finally, how did these discourses produce a notion of the good or bad character through a material science of the soul? Because character, is understood here as the historically and socially situated production of that interior space or domain which represented the moral quality of the person, it argues that in the case of moral insanity, such a production needs to be understood as an historical assemblage of the interior parts which were also embodied both in the text and physiologically. In other words, the mobilization of ‘character’ within historical psychiatric discourses hinged upon an implicit claim that individual morality was

³⁴ This is a primary means to understand the historical constitution of the psychiatric subject. In the context of the doctrine of moral insanity, the repeated reference, allusions and discussions on the passions, the moral faculty or moral sense coupled with the emphases on intelligence highlighted the need to address their linkage or ‘bundling.’

embodied in interior corporeal processes, structures and faculties, but also, and significantly, was discernible through conduct which materialized character through bodily comportment which could be empirically observed, recorded and documented.

5.2 Constituting the ‘Moral Sense’ as a Corporeal Matter or ‘Organ of Morality’

The scientific classification of humans into pathologically immoral types or kinds was based upon a practice and philosophy of differentiation: the morally insane were fundamentally different, that is, both ‘naturally’ and ‘socially,’ from the morally sane and the respectable. Morgagni was committed to studying corpses to obtain information on disease for the purposes of locating pathology to certain organs and published his findings in *On the Seats and Causes of Disease Investigated by Anatomy* (1761) which had an enormous impact on the direction taken by the human sciences. By the turn of the nineteenth century, neuroanatomists, neurologists, and general medical practitioners concerned with the problem of insanity fell under the sway of Morgagni’s theory. His theory held that conducting detailed studies of the brain could localize mental disease. Haslam, Superintendent of the Bethlehem Insane Asylum, fervently searched for the organic locus of mental derangement, usually by performing autopsies on the corpses of prisoners (Alexander and Selsnick 1966:111-2).

The biological crusade to isolate an organic cause for social deviance has a long and erratic history. Social scorn for “the unfit” can be traced back to biblical antiquity but takes a serious turn with the rise of human scientific paradigms (c.f. Carlson 2001). With moral insanity the new biological model of the unfit, pointed to the physiological ordering of mental structures which ‘controlled’ or ‘regulated’ human conduct from within the subjects own “frame” or “constitution.” The key material source or bodily site for locating interior

pathologies for explaining improprieties was predominantly located in the ‘moral faculty’ or ‘moral sense.’ Conceived by the masters of morality as that higher inner ability whereby sane and normal individuals distinguished good from bad and right from wrong, the moral organ presented a difficult scientific challenge.

The ‘discovery’ of the moral sense as a separate and distinct faculty of human physiological organization was largely a product of the doctrine, given its primary focus on immorality as a sickness or a disorder. Richardson argued that through scientific evidence such as psychiatric case studies and extensive documentation, it had been established that “a class of cases in which perversions of the moral sense are chief and sometimes almost the only evidences of insanity” (1890:364). As the previous chapter outlined the presence of reason and normal cognitive functioning was compulsory in the diagnostic criteria. Herein we can see that a psychiatric model of vice as pathology, as a disease entity most forcefully and sharply concerned with immoralities undergo fortification in the human sciences. Human morality thus became the fitting accoutrement and field of knowledge of the psy complex; due to their recognized authority on human beings, in addition to social emphases on the growing problem of individual vice, psychiatrists as medical technicians of the human soul came to pronounce truths on normalcy and abnormality. The scientific construction of the moral pathologies entailed claims about the nature of human morality as inextricable from the individual soul and the mind. “Diseased morals are as properly the field of our work as [the] diseased intellect” (Richardson 1890:368). This construct of disease located the source of mental pathology in the moral faculties of the person, not in the intellect or reasoning abilities, as had formerly been the case in psychiatric practice. The doctrine “teaches that

there is a moral ‘faculty’ in the sense of a distinct agent, which has its own powers and its own diseases, and which may remain undeveloped in a ‘mind’ otherwise healthy, and may become diseased without at all affecting the health of the other ‘faculties’” (Lloyd 1887:681). Faculties were thus rendered analogous to the body’s organs and organic structure.

Specifically in the nineteenth-century, pathological medicine became the study of unhealthy or diseased organs rather than being attributed to the body as a whole (Hacking 1990:164). Duffin (1994) also argues that disease has not always been directly connected to the body. Moral insanity relied upon a pathological model of the body to account for individual moral disease. As an interior ‘organ’ or ‘part’ of the subject’s mental structure, the moral faculty, it was theorized could not function as a healthy controlling agent. This contributed to the idea that the natural and normal human possessed an innate moral sense or organic capacity to distinguish between good and bad, and propriety from indecency. Postulating that a moral ‘lesion’ could develop further provided the theoretical grounds to account for intelligent immoral persons as deviations from the morally normal and natural. Those who engaged in habitual immoral conduct were thus theorized as suffering from a disordered moral faculty or a diseased organ in the head or brain, requiring medical intervention above all else. The abnormal corporeal constitution, the organ of morality - the moral faculty - diseased, damaged or absent, conveniently explained the occurrence of immoral conduct in materialist terms that appeared to be in harmony with medical theories on the organic nature of disease. As a disorder of the moral faculty, moral insanity was also routinely linked to the quality and disposition of one’s character, temperament, and passions as an economy of interior life. As early as 1813 Smith was calling on the science of anatomy

in order to understand moral character as the consequence or result of the physical structure of the body: “our virtues and vices are, in great measure, constitutional, every observer of mankind must have remarked” (1813:83).³⁵

Nineteenth-century medical discourses are replete with discussions on the cultivation or inheritance of character as a source of immoral conduct, passions, and appetites. The lack of moral sensibilities was linked to the character and temperament so that the medical disorder was not only thought of in physical terms but in terms of character which was the embodiment and physical expression of a lack of civil decorum and proprieties. Character thus signified the interior moral qualities of the person. Corporeal constitutions could be inherited including moral temperaments, senses, and dispositions. Milligen (1847) argued that in many instances of insanity it is not the disease which is inherited but the temperament that physically predisposed one to mental pathology, particularly in cases where moral disorders were present.

The recognition that the moral faculty was distinct from the faculty of intelligence was necessary to the doctrine of moral insanity, particularly since most morally insane did

³⁵ The consequence of the psychiatric hypothesis that the brain contained a moral organ materialized in different kinds of invasive psychosurgery which can be referred to as ‘gangster medicine.’ One of its most serious forms being the lobotomy which was practiced in Ontario up until 1987 (Shorter 1997) and was typically performed on the most troubling and uncooperative patients in psychiatric institutions. Other types of organic intervention in the brain included the leucotomy which was a procedure that created several small holes in the skull (trepanning or trephining), inserting a special wire knife, called a leukotome, and with a few brisk sideway movements, brain fibres were severed. This technique dates back to at least the medieval period in order to release evil spirits (Jackson 1991:174). The “ice-pick lobotomy,” invented by American psychiatrist Walter Freeman in 1945, was a much quicker and simpler way to alter the body and character of the patient. Using an ice pick to perforate the skin behind the eyeball, in order to cut through subcutaneous tissue, bone and meninges, the prefrontal lobe could be severed in a few minutes (Valentin 1986). These psychiatric techniques rendered the inmate/patient physically, mentally and emotionally docile and therefore controllable which was indispensable for institutional carceral authorities.

not have lesions of the intellect. J. Bruce Thomson, Resident Surgeon to the General Prison for Scotland asked: "If we have intellectual disease - which is insanity - why not also disease of the moral nature, moral insanity?" (1870:325). J.M. Pagan also wrote that a "disease of the moral faculties may exist when it is impossible to discover any intellectual disorder" (1840:23). The abstraction that interior activity and phenomena could be understood through two distinct orders was clearly problematic for psychiatrists particularly in explaining how normal rationalities could exist alongside pathological moralities. This hypothesis led to a heated debate and contest between those who supported and those who opposed the doctrine. This forms the subject matter of the next chapter.

In 1844, medical physician A.L. Wigan attempted to explain the occurrence of moral insanity through a "dual-theory" of the brain. As a less-refined precursor to current left-brain/right-brain theories, he posited that each cerebrum was a distinct organ of thought in which distinctive and separate thought processes and independent cerebral actions could occur simultaneously. This was his attempt to explain how a seemingly intelligent individual could not effectively exercise self-control over immoral acts or desires; one brain was thought to be damaged or defective, lacking therefore the healthy governing abilities characteristic of normal-brained individuals. "This is the common regular process of depravity, and shows no other sign of insanity than is inherent in all vicious conduct. His brain becomes irritated and ungovernable through drinking, and one cerebrum gives way before the other" (1844:186).³⁶

³⁶ The double-brain hypothesis was also used to explain 'multiple personality disorder' or how two souls could exist in one body (Hacking 1994).

One decade later, in his lectures on moral insanity, Kitching clarified a theory on the separation of the rational and the moral in subjects which, although in use for several decades, had not until then been clearly articulated. He argued that the (mental) internal operations of individuals could be explained by a designation of two separate faculties: the intellectual and the moral. He writes:

All those powers of the mind by which we maintain our positions as rational creatures...are intellectual powers, and would make a rational being if he were possessed of no other powers besides. But we feel that we have other powers...designated by the term "moral and instinctive faculties." They are moral, because they preside over the regulation of our conduct towards others, and determine our sentiments and feelings (1857a:336).

This could help explain why subjects of this disease often possessed fair reasoning powers, excellent memory, with possible accomplishments in the arts, "but in whom the moral sense is either deficient or entirely absent" (Barr 1895:274-5). In fact, such patients could at times evince a superior or keen intelligence. In some cases it was argued that the disease dulled the moral faculty while sharpening the intellectual. By the end of the nineteenth-century the morally insane were often times conceived as possessing a:

great acuteness and mental scope in certain directions, such as music, arithmetic or mechanics, yet may lie, steal, be cruel beyond conception, and be beastly in their instincts and destructive in their habits. In the latter class we have the normal man in feelings, intellect, and morals up to a certain stage, then moral collapse (Clark 1895:126-7).

Thus even the intelligent and rational being could be diagnosed and classified as insane, which rendered the morally insane as especially dangerous. Martin Barr (1895:273), who was Chief Physician at the Pennsylvania Training School for Feeble-Minded Children, defined moral pathology as a weak or wanting ethical sense that might or might not be associated

with intellectual deficiency, but often presented with intellectual precocity. The emphasis on intellectual mastery provoked arguments against the education of ‘the immoral’ yet rational subject of medicine. Educating the ‘precocious’ and ‘clever,’ it was feared, would provide them dangerous tools to disrupt the orderly functioning of society. Unfit and unworthy, Kerlin exclaimed “we believe that educating moral imbecility after the current notions of education, we are training experts...giving such subjects any considerable school education we are only arming them for more serious exhibitions of evil” (1887:404). Assessing intellectual capacities as a potential instrument of moral disorder and danger, a social program for creating “special” schools and reformatories with the singular aim of instilling a ‘work ethic’ for manual labour was thus advocated recreating an axiological and social binary between workers and thinkers. Barr expressed a similar concern about empowering the morally degenerate through educational means which would provide moral degenerates with weapons of destruction. “The school-room fosters the ill we would cure; in teaching them to write we give them illimitable power of mischief; in educating them at all except to physical work, we are adding to their armament of deception and misdemeanor [sic]” (1895:281-2). Demonized as embodied evil, the morally insane were largely treated as subhuman, moral monsters, thus legitimating their control, degradation and confinement. By the end of the nineteenth-century, it was established that a portion of the morally insane, due to their astute intellectual command, posed a grave danger to the maintenance and reproduction of traditional social conventions and moralities, and therefore the orderly functioning of the political, economic, and industrial realms. The morally insane, and what was viewed as their inherent tendency to do wrong, should therefore not be educated, argued

the experts despite the growing education movement which was integral to the formation of civil society. This would instil a patriotic attachment to the state through the production of civic subjectivities loyal to the nation thus producing, reproducing or maintaining a national as well as individual character. Enculturation and acculturation narratives of citizenship are particularly important for understanding the historical shaping of moral subjectivities (Czarniawska 2004:9).

Thinking itself was perceived to be a source of moral danger without the governing powers of a moral faculty. Dangerous knowledge would be its eventual outcome. The mobilization of metaphors of weaponry in the context of education (such as ‘armament’ and ‘arming’) express a particularly strong imagery of the ways in which the morally insane were seen by psychiatrists as menacing threats. Applications of a mind-body dualism through psychiatric authority normalized and naturalized social boundaries between those suited to manual physical labour as opposed to thinking and intellectual labour all in the best interests and safety of society and the individual. Thinking outside the dominant box was feared by the ruling groups and thus actively pathologized and punished.

The morally insane were thought to suffer from moral, not intellectual incapacities. In fact, their intelligence was considered to be a source of danger given their inability to morally govern themselves in socially demanded ways. This broadened psychiatric medicine to include a wide scope of potential targets on the basis of dangerousness. Vice, as an overarching social problem, also identified the privileged as a hidden scourge of moral pollution, as private degenerates who may be publicly respectable due to their educational status but were still morally insane. In fact, Barr claimed there existed “a large preponderance of the

educated class, who were also represented among tramps, cranks and rioters" that required immediate medical intervention for the good of the Nation (1895:280).

The argument that no direct operative relationship existed between the cognitive and moral faculties represented a significant development or shift in the history of psychiatry. If insanity need not necessarily entail the occurrence of unreason or irrationality in the intellectual capacity of individuals, the medical conception of madness became considerably more extensive thus placing all individuals at risk of moral madness. It also, however, introduced an understanding of "the dangerous character"³⁷ which moved beyond intelligence, reason, and rationality, and focused, moreover, on the lack of "moral perceptions and sensibilities which are necessary for the formation of a great and useful character" (Kitching 1857a:336). The character of the individual as it was manifested in conduct became structured in terms of a typical pattern of behaviour that was portrayed on and through the corporeal. The form, structure, and movement of bodies became part of the diagnostic psychiatric procedure. Empirically observed, the somatic expression of the soul could be charted, investigated, and documented by experts. The interior space could then be interpreted on the psychical level that was empirically read from bodies as the scientific material for 'character' analysis. Character was therefore tied up with repetitive patterns or habitual conduct whereby movement and corporeal expression were documented as a matter of character. The nebulous, yet over-determined 'character' thus became an index and

³⁷ Foucault (1978b) addresses the rise of the concept of "the dangerous individual" as the result of both legal and psychiatric functions and discourses, whereby the psychiatrization of the criminal also emerged alongside moral insanity during the nineteenth-century.

defining condition of the normal and moral constituents of the healthy human. It also acted as a social marker for the virtuous or immoral individual. This could be ascertained by an active and virtuous conscience embodied in proper conduct. Conversely, a low or degraded character could be recognized by the immoral quality of her/his acts.

In the language of common life, we sometimes speak of a moral insanity, in which a man rushes headlong through a course of vice...regardless of every moral restraint, of every social tie...He is correct in his judgment of all physical relations of things; but, in regard to their moral relations, every correct feeling appears to be obliterated...we have strong ground for believing that there is in his constitution a power distinct from reason, but which holds the same sway over his moral powers that reason does among his intellectual; and that the power may be weakened or lost, while reason remains unimpaired. This is the moral principle, or the power of conscience...The fact is unquestionable; the solution is to be sought for in the records of eternal truth (Abercombie 1859:254).

Placing accent on the diseased moral constitution or pathological ethical make-up of individuals so that a moral madness was coupled with normal intellectual reason and a healthy rational nature created the possibility of a (rationally) sane subject of insanity or a (morally) insane subject of sanity, or, as one expert termed it a “reasoning unreason” (Bauduy 1878:279). Thus not all morally insane persons were diagnosed as universally or absolutely insane. The appellation of “reasoning insanity” (Falret 1867a)³⁸ emerged to scientifically classify the immoral subjects. The psychiatric category of ‘partial insanity’ was thus concretized. These subjects were only partially insane because the moral sense, not the cognitive, was disturbed. In other words, as Jelly stated, “the patient would be practically

³⁸ Falret, a French medical psychologist, initially presented his expert opinion on *la folie morale* to the Societe Medico-Psychologique.

sane if the moral faculties were not disordered" (1881: 560).³⁹

It was not until after the formulation of a distinct moral faculty in the mid-nineteenth-century was incorporated (both as a physical and epistemological matter) into the general practice of psychological medicine that vices such as prostitution, pauperism, ineptitude and other social evils were increasingly explained as conditions which were somatic, if not hereditary, in origin. As a physiological attribute of the normal and natural human subject, the disordered moral faculty in part helped explain why some individuals engaged in immoral conduct despite their intelligence. The moral sense, whether a direct endowment from the Creator, or as an attribute of the species was a primary characteristic of the individual was conclusive (Bannister 1877:661). Immoral conduct and activities were increasingly viewed as a defect or deficiency in the individual, possibly due to the pathology of a moral organ rooted in the physiological constitution of the subject. "There is such a thing as moral insanity, as we have before intimated. So intimate and mysterious is the connection between the immortal spirit of a man and its earthly tabernacle, that disease may impair or pervert for a season his moral feelings and affections, while the reasoning faculty is not materially weakened" (Anonymous 1850:40). The ungovernability of abnormal or evil passions would be understood within the framework of bodily action and constitutions, constitutions which failed at self-regulation due to a disordered moral faculty. In this sense, the passions no longer were secondary in relation to diagnostic evaluations of rationality but instead instantiated a central location in the epistemic grid of moral madness.

³⁹Jelly read this paper at the Boston Society for Medical Observation which was followed by a discussion.

Decades later a small number of psychiatrists claimed that a degree of impairment to the intellectual faculties may exist (Cowles and Channing in 1881:571) but according to Jelly and most of his colleagues, it was not a prominent symptom. “True moral insanity may be defined as a disorder of the moral or affective powers of the mind with little or no *apparent* intellectual disturbance” (1881:560; emphasis in original). In fact, subjects who presented with hallucinations or delusions were immediately disqualified from a diagnosis of moral insanity (Tuke 1891:20).

The protean nature of moral insanity dispersed a wide net over immoral conduct in all spheres of social life, and captured any form of conduct that was morally transgressive. The basic criteria for moral insanity included: not recognizing the rights of others, lack of social inclinations or derangement of social sense, remorselessness, shamelessness in transgressing social moral codes, as well as lack of scruples, conscience, and repentance for morally perverse conduct. In 1879, Krafft-Ebing (1992) argued that the most striking features consisted of moral insensibility characterized by a lack of moral judgment and ethical ideas. Although most morally insane were conceived as mechanistically understanding the ‘moral law,’ it appeared to experts that a congenital defect, poor habits, a bad upbringing or a physiological disorder caused an insatiable desire to satisfy immoral impulses without regard for the rules and conventionalities of social life. “The ethic defect in these individuals of inferior organization in the end renders them incapable of maintaining a place in society” (Krafft-Ebing 1992:623). Advancing an anthropological conception, another member argued that the idea of the “delinquent man” [sic] was not so much a disease or morbid process as it

was an anomaly in the histological⁴⁰ development of the ethical sense (Italian Phrenetic Society 1888:13). Ethically flawed, the morally insane were social outcasts. Mental illness was thus localized and located in the individual body that was inherently connected to a history of others that could be traced. Acting on an anthropological and biological model of moral pathology psychiatry presumed social stratification was natural and that moral monstrosities were freaks of nature. Given that therapeutic intervention relying upon environmental changes failed, psychiatrists responded by asserting that the problem was not only ineffective psychiatric treatment, but significantly, that madness was more deeply ingrained in the body than previously believed. Constitutionally-based, and likely hereditary, madness was a material disorder of the body which affected the normal functioning of the individual. Bodies were thus pathologized and mental pathologies were viewed as transferable. The psychopathological perspective of the biological model changed significantly the history of psychiatric discourses and treatment. Chemical approaches that relied on sedation began to prevail which led to the justification of the habitual practice of prescribing sedatives. By the end of the nineteenth-century a largely organic psychiatry dominated, marking a decline in patient care (Porter 2002:120).

5.3 The Dangerous Passions: A Disease of the Soul

The necessity of governing the passions was not an entirely new concern in the Enlightenment period and dates back to ancient society. Plato wrote of the passions as a fever of the mind. The passions also constituted a chief concern in the Hellenistic period dating

⁴⁰ Histology or “histo-genesis” is defined in this scientific meeting/conference publication as a development that occurs in the first few years of life (1888:16).

back to antiquity in the second century when Galen⁴¹ practised medicine. He wrote “...the man who has trained his soul beforehand...has discovered which of his passions need correction...do you not think that anger is a sickness of the soul? Or do you think that men of old were wrong when they spoke of grief, wrath, anger, lust, and all the passions as diseases of the soul?” (1963:30, 43–4). Galen claimed that we must not leave the diagnosis of the diseases of the soul to ourselves but must entrust it to others; nor should we leave this task to anyone at all but older men who are commonly considered to be “good and noble” (1963:48–9). This was his method for the recognition and curing of all diseases of the soul (1963:53).

To obtain a healthy soul one needed to be “a true lover of temperance” and the only road to temperance was through self-discipline (1963:50–51). Taming the passions by means of a strict governance of the self was considered paramount in the domestication of the impulses and appetites, and therefore, to a healthful soul. The focus on the passions as a moral problem also became an important theme that was advanced in nineteenth-century psychiatry. The domestication of the passions was generally required to avoid insanity. This involved the taming and disciplining of the brutish or passionate elements of human nature most generally by moral education and discipline through the acquisition of techniques of self-governance.

Late eighteenth century medicine was marked by concerns of morality and health. French and American psychiatrists in particular were interested in the relationship between

⁴¹ Galen's treatise on the passions and errors of the soul is significant to the extent that it is one of the first medico-moral tracts which argued that mental health is obtained by securing one's mastery of the passions through the exercise of reason. Galen emphasizes not only the virtuous character of those who engage in temperate behaviour and self-discipline; he also makes a strong *a priori* argument for the pathological nature of the passions.

passions and insanity because of the conviction that the diseased will became the vehicle for immoral conduct through the instrumentality of the passions (Rush cited in Hughes 1882:69). Judicious individuals trained themselves to become free from the imprisoning effects of the passions. In normal individuals, the passions were assumed to be controlled by the will, so where ‘lesions’ of the will existed, as they were theorized to exist within the morally insane, individuals could not govern their passions and therefore could not be held responsible⁴² for repugnant social conduct (Woodward 1838:125-6).

The view that the will could become diseased was popular during this period (Valverde 1998) but it was the historical systematization of doctrine of moral insanity that rooted social malfunction within the moral faculty. The medical designation of an “ungovernable will” was categorized as “hyperbulia” while “abulia” designated a loss or lack of free will. A weak or deficient will-power to resist temptation coupled with excessive passions was regarded as a medical fact by the mid-nineteenth-century (Anonymous 1891; Ribot 1894; Von Feuchtersleben 1847). For those medical experts who were not familiar with the doctrine of moral insanity, the will continued to be postulated as the “true sovereign in the complete hierarchy of the faculties and powers of the soul. Without its action and assent, as expressed in true volition, a man may...in insanity, act instinctively or automatically, but his manhood is lost, and with it all moral responsibility” (Munsell 1871:288). The psychiatrization of a distinct moral ‘organ’ had not reached its popularity until the last few decades of the nineteenth-century; this, I contend, was correlative with the

⁴² The issue of individual responsibility and agency is an important one in the social history of psychiatry and is examined in the following chapter.

growing acceptance and application of moral insanity to multiple social groups perceived to be dangerous to the moral imperialism of bourgeois society.

Romanticist convictions were paramount in theorizing the moral insane as examples of ‘the ungovernable’ nature of the socially unfit. German psychiatrists such as von Feuchtersleben criticized ‘the Cartesian principle in medicine’ and instead argued for a holistic framework where the individual/patient/subject was one unitary, indivisible phenomenon. Workman (1863) also took this approach to moral insanity, arguing for a unitary theory of the subject emphasizing the need to understand ‘the psychology’ of mental illness and that the mind and emotions were but of the one indivisible soul.

Individualization was thus articulated not only according to the nature or character of ‘ungovernability’ as a symptom of the disease but also the ungovernable character of the morally insane as undisciplined (and undisciplinizable) social subjects: the worst kinds of humans for capitalism and its necessary hierarchies of authority which require obedience and submission above all else. Social statuses were thus transformed into individual pathologies. The birth of liberal governmentalities required ‘the unfree’ individual to highlight, fetishize and glorify ‘the free individual.’ The conversion of social positions and experiences based on those positions to individual problems formed a clear focal point for constructing pathological characters as inferior in ‘nature.’ The social subject was thus individualized and deduced by observation and administered to by attending to the ‘deranged’ nature of the individual psyche by reformation or ‘straightening out.’ As such we see the rise of soul-therapy through a type of “second education” which today is referred to as psychotherapy where the object of analysis is the person’s psyche or personality (Alexander and Selesnick

1966:144) rather than the connection between collective suffering and social conditions of existence and experience, for example. Psychiatric hegemony thus coemerged as the bourgeois correlative to liberalism, which the thesis demonstrates is the basic ‘glue’ for maintaining and reproducing bourgeois Western mythologies of equality, justice and civil society.

According to Hughes (1882), moral insanity was generally marked by changes in character, which rarely augmented the power of the will over the emotions or passions; on the contrary, he argued, the latter more often subjugated the former. The materialization of a transformed character signified one of the basic principles for determining the pathological interior. The evidence for lacking sufficient moral restraint and self-discipline was proven by the character of the subject as well as in the character of the body. Described as ‘suffering’ from excessive passions evinced by “bad” characters or “disruptive” souls the morally insane were documented as literally possessing and displaying ‘incorrigible’ appetites as an essential personal trait. The ungovernable or ungoverned passions resulted in excessive indulgence due to the subject’s unruly appetite and disregard for socially prohibited pleasures and culturally prescribed codes of respectability. Rush repeatedly argued that individuals needed to tame their appetites so as to quell the lower animal appetites through a strict and masterful self-governance (Takaki 1979:21). But this was equally true for the activities in which one engaged: “saying ‘moderation is best’ (a dictum of Cleobus) is correct, since no immoderate action is good” (Galen 1963:31-2). Rush argued that the consumption of certain drinks such as “good quality” fermented liquors when taken “in moderation are favourable to the virtues of candour, benevolence, and generosity; but when taken in excess...they seldom fail of

rousing every latent spark of vice into action" (Rush 1839:12). The use of morphine, opium, hashish, cocaine, laudanum, alcohol, and other drugs were routinely administered in nineteenth century medical practice. Rush went so far as to create a "moral thermometer" that could gauge intemperance (*Figure 5.1*). The reckless pursuit of vice which was either indicative or productive of insanity. Consider the following statements of Gairdner in his case study of a man suffering from "dipsomania," a type of moral insanity:

As it is, we have pretty clear proof that he is: -1. An utterly abandoned, and almost unconscious liar. 2. An almost equally shameless masturbator. 3. A drunkard, quite devoid of self-control, or even of the desire to control himself. 4. A lazy and an incapable, of the most incorrigible description. 5. "A perfect gowk," or to use another most expressive Scotch phrase - *a ne'er-do-weel*,^{*43} i.e. one who not only does not do well, but apparently cannot do well; who has neither the capacity nor the desire to do well. It is a case not only of degradation, but of positive degeneration of the moral instincts; and the degradation is probably both physical and moral (1863:591-2; emphasis in original).

"Moral paralysis" (Gairdner 1863; Maudsley 1868) or the physiological basis for the powerlessness to "do good," and as a conduit for profligacy, was frequently invoked as an explanation for unwholesome conduct and immoral character. Referring to his patient, Gairdner describes him as a man who literally could not do good: "you can no more expect good conduct and a high principle from such an organization than you can from a gorilla...the man is in a state of moral paralysis, powerless for good, and a prey to evil, in virtue of his physical and moral organization" (Gairdner 1863:592). The hierarchical organization of the subject's interior mental structure thus provided the theoretical hypothesis for the material

⁴³ Footnoting a dictionary definition he adds: "Ne'er-do-well, one whose conduct is so bad as to give reason to think that he will *never do well*...Past mending (1863:591; emphasis in original).

condition of moral insanity. The organ of morality did not exist in all bodies, and in those that it did, always carried with it the potential for degeneration. Healthy, civil individuals restrained the indulgence of their appetites through the masterful exercise of the will that was also informed by a virtuous and healthy conscience or moral faculty. Thus desires lacking “rational and respectable” motives were reduced to mere unreasonable appetites, animalistic and crude. “Animal motives are those desires and lusts which arise blindly without any exercise of understanding, or any rational apprehension of the object desired” (Anonymous 1857:369).

Passions were conceived as mechanistic, instinctive, and requiring governance by the rationality that was understood as reflective of superior moral powers. The “ingredient” for a tendency to badness, grave excess and destructive actions, Grilli claimed, was due to either an inherent or acquired “perversion of the instincts” and the lack of a “moral sense” (Italian Phrenetic Society 1888:13). The rationality of motives was based upon a metaphysical understanding of morality. The moral was held to be both rational and transcendental. But significantly, the ‘moral nature of man’ also came to be hypothesized as a property inherent in the physiology of the body. As a somatic property, morality was further materialized through comportment and demeanour - the performativity of the flesh. Rational and pious motives (those virtuous in character) were understood as those desires that displayed a “regard of duty, our future good, the good of mankind, whatever pertains to the soul, God, and immortality” (Anonymous 1857:369). The notion of ‘duty’ permitted the linkage of *omnes et singulatim* to the totalizing and individualizing character of modern political rationalities (Procacci 1995:216). The healthful embodied soul with wholesome powers of

self-governance was conceived as morally righteous. Such an understanding of the moral and normal soul provided the foundation and condition for moral sanity and the abnormal status of character on the level of the everyday.

George Ide, a Baptist pastor in Philadelphia, used the doctrine of moral insanity to extol the virtues of Christian life and admonish the character of the irreligious whose sinfulness was rooted in the evils of the passions. Christian authorities were quick to use the doctrine towards religious ends, particularly since moral insanity acted as a moral example for those individuals who rejected the word and commandments of god and were thus punished. Moral insanity was also used as theological evidence that only the “great Physician,” God, “can heal the insanity of sin” and “remove the moral madness” among the ruined or “cure the madness of rebellious men” (Ide 1841:281). Another Evangelical preacher, Charles Finney, incorporated moral insanity into his lectures on evil and sin. ‘Educating’ his parishioners through the pulpit and newsletters, Finney claimed that the morally insane were wicked in their hearts, and thus, essentially sinners: “Christians were the only people in all the world who had any valid claim to be deemed sane” (1856:146). Of course, similar ‘spiritual functionalist’ arguments regarding character were deployed by medical experts who denounced the doctrine: “In many instances of supposed insanity, early debauchery, with profound ignorance of the obligations due to God and man, marks the character” (Anonymous 1857:368).

Virtuous desires were informed by divine codes of government because the passions were thought to be base, uncivilized, mechanistic, impulsive, and regressive. Supporters of the doctrine especially embraced the overpowering insanity of ungoverned passion.

Particularly disturbing to the experts then were those subjects who experienced pleasure rather than the pain of experiencing shame that was meant to act as an agent in moral discipline. Negative social reactions were insufficient for the morally insane because informal techniques based on approval seeking failed. "Humility seldom marks their disease" (Sweetser 1850:130, 335).

By the nineteenth-century, the discourse of pitting one passion against another, as a kind of inner war of good against evil propensities, became commonplace in various treatises of the period. Hirschman (1977) demonstrates that the emergence and history of discourses on the passions dates back several centuries to Machiavelli, Hobbes, Bacon, Spinoza, Smith, and others. His study is key in explaining how the passions were transfigured and divided according to hegemonic economic forces. Demonstrating that the passions largely acted as a way to legitimate the economic drive for wealth and expansion of commercial power, his research helps contextualize and explain the nineteenth-century obsession with the relationship between vice, insanity and the passions in the psychiatric literature on moral insanity. As a measuring stick for sanity and virtue, the passion for knowledge and reason was used to both calumniate the savage passions and to govern them. It was thought that only a 'good' passion could triumph over an 'evil' one. As Hirschman argues, this approach served to define and identify the countervailing passions as essentially creative and functional. "Interest" became the beacon for virtuous passions (1977:28). Once this strategy of 'morally' dividing the passions was set into place it was but a short step to demarcating the boundaries between the tamer or respectable and the 'wild' or dangerous passions. In 1891, a contemporary of D.H. Tuke, John Addington, noted the inevitability of human

passion and the scientific need to address both its evil and good effects: "There is a passion, or a perversion of appetite, which, like all human passions, has played a considerable part in the world's history for good or evil; but which has hardly yet received the philosophical attention and the scientific investigation it deserves."

The rational calculation of one's interests, when pursued in 'an orderly, predictable, and reasonable,' that is, socially sanctioned manner, presumably produced desirable and advantageous social results. Reason, or the ability to distinguish right from wrong, was a cherished bourgeois virtue (McCloskey 1999). Liberal discourses on "interests" were thus marshalled as reasonable and 'right' when such interests corresponded to the diverse interests of the hegemonic blocs. "Interest was seen to partake in the effect of the better nature of each, as the passion for self-love upgraded and contained by reason, and as reason given direction and force by that passion" (Hirschman 1977:43). Sane and normal passions were not only based upon the dictum of rational self-mastery and governance but also included fashioning and regulating the passions in socially acceptable and prescribed ways. Passions needed to take certain forms and directions rather than others and thus became culturally routinized and standardized as significations of civility and upstanding moral character. Yet this routinization of passions allowed sufficient room for individual choices and actions while simultaneously inciting resistance to immoral temptations, all in 'the best interest' of the subject's salvation. The evil passions were viewed as a source of pain and hardship from the perspective of experts: "He who has once surrendered himself to thralldom of this passion, may bid farewell to that contentment and tranquillity of the soul" (Sweetser 1850:356). Thus an external imposition through social sanctions became identified and

aligned with self-interest which signalled an imperceptible blend between external forces and interior movements: what characters of normal status should passionately desire, such as love, family, property, marriage, knowledge and individual wealth was consonant with social dictates of happiness and “opportunities.” This became a major tenet of nineteenth-century liberalism. Adam Smith’s idea in *The Wealth of Nations* (1776) to substitute the terms “passions” and “vice” with “advantage” or “interest” provided a political philosophy of commerce which meant that individuals could on virtuous moral grounds pursue economic wealth and power for “the greater good” without falling prey to the admonishing dictates of traditional religious views which condemned the passion for material goods and luxury as a cardinal sin (Hirschman 1977:17-19).

The Utilitarian’s creed that “every man is the best judge and guardian of his own interest” assumed that the English parliament would “referee” the class wars of industrial capitalist hegemony. In order to prevent riots and the rising of the people over capitalism due to mass unemployment, under-employment and starving wages, government was only to punish those who resisted the capitalist laws of the land. Those who did not directly break the reigning yet transforming criminal codes could be “declared ill” or “morally insane” through the discursive formation of ‘civil codes.’ The medicalization of deviance could thus catch any form of transgression with a broader net than the criminal law alone. The doctrine of moral insanity should thus be understood as the historical cultural discourse of capitalist political economy. The bourgeois liberal theory which reified the individual, choice, and freedom to pursue one’s interest did not go without its critics in political and popular circles as seen in the wider critiques of the state (of society) seen in the political writing of Charles

Dickens, Elizabeth Fry, Robert Owen and William Cobbett which addressed the starving, degraded, and desperate populace. For example, William Cobbett created *The Political Registrar* nicknamed “Twopenny Trash” which he sold at a financial loss to communicate the rampant injustices created and maintained by the government. Unimpressed by the Utilitarian thought which was gaining popularity, Corbett exposed a politician who used a forged letter to slander an opponent. His subversive writings sought to publicize, “how the people had fought the war for freedom and the only freedom they had gained was the freedom to starve” (Newth 1967:32).

At the end of the eighteenth century classical English liberal theory argued that a ‘medicine of the soul’ should account for individual pathology, proposing the need for a “moral calculus” to measure pain and pleasure. Medicine also played a primary role in legislating morality. In *Principles of the Civil Code*, Jeremy Bentham outlines the social significance of understanding the relationship between medicine, morality and the soul in governing the population. Civil society, according to the principles of utilitarianism, needed a science or art of mental pathology on which legislation ought to be based. Further, Bentham proposed the need for an instrument to measure his formulaic theory of happiness and suffering. In *The Theory of Legislation*, Part 1: Objects of the Civil Law, Chapter Six “Propositions of Pathology on Which the Advantage of Equality is Founded” states:

Pathology is a term used in medicine. It has not hitherto been employed in morals, but it is equally necessary there. When thus applied, moral pathology would consist in the knowledge of the feelings, affections, and passions, and their effects upon happiness. Legislation, which has hitherto been founded principally upon the quicksands of instinct and prejudice, ought at length to be placed upon the immovable base of feelings and experience: *a moral thermometer is required*, which should exhibit every

degree of happiness and suffering. The possession of such an instrument is a point of unattainable perfection; but it is right to contemplate it. A scrupulous examination of more or less, in point of pleasure or pain, may at first be esteemed a minute enterprise. It will be said that we must deal with generalities in human affairs, and be contented with a vague approximation. This is, however, the language of indifference or incapacity. The feelings of men are sufficiently regular to become the object of a science or an art; and till this is done, we can only grope our way by making irregular and undirected efforts. Medicine is founded upon the axioms of physical pathology: morals are the medicine of the soul: legislation is the practical branch; it ought therefore, to be founded upon the axioms of mental pathology (1887:102-3; emphasis added).

According to Bentham, the state of barbarism differed from civilization by two characteristic traits: first, irascible appetites, which refers to the pleasures of malevolence and second, concupiscent appetites, which refers to all other pleasure, were not to be found amongst the civilized classes (1887:375). The medical colonization of individual souls is how self-formation intensified: as the ‘irresistible progress of civil liberty’ advanced in the Empire and its colonies, the rhetoric of liberalism became inherently linked with discourses on upstanding, respectable, property-owning citizens as the normative ideal for all.

The hierarchical dichotomization of vice and virtue in the domains of passions and character created an ensemble that emerged as a strategic means for inciting the cultivation of “civilized” passions while simultaneously vilifying and pathologizing others. Thus in the medical science of human pathology, immoral passions became a focus of the psychiatric study of moral insanity. Dr. Alexander Crichton declared that an ‘objective’ study of the passions was of absolute necessity in establishing the nature of madness. He writes:

the passions are to be considered from a medical point of view as part of our constitution, which is to be examined with the eye of the natural historian, and the spirit and impartiality of the philosopher. It is no concern of this work whether passions be esteemed natural or unnatural, or moral or immoral

affections. They are phenomena and produce constant effects on our corporeal frame; they produce beneficial and injurious effect on the faculties of the mind (cited in Berrios 1995:293).

The view that all human beings to some degree experienced “passion as the rebellious serf of reason” served to reinforce the idea that all virtuous characters needed to instil in themselves a systematic moral governance over the self and others. But this hinged upon the subject possessing a healthy moral faculty that could govern the passions in morally expedient ways. When “the supreme inhibitory functions are suspended or destroyed...these hidden and subjected tendencies will, like slaves in a servile rebellion, come turbulently to the front and disport themselves riotously” (Maudsley 1884:252-3). The will, diseased, deranged and disordered, without a ‘higher’ controlling set of interior powers, such as those powers that defined the moral faculty or sense, was theorized as a major cause of ungovernability. The moral faculty of the morally insane was considered defective, malfunctioning, or regressing through the process of degeneration or physical condition. Metaphors of the machine represented the will as incapable of effecting a moral governance which was the result of a broken down or absent moral faculty. Diseases of the will were verified by morally insane conduct. The will to do no good, for example, was characteristic of the disease. Uncontrolled and unchecked by a healthy and normally functioning moral sense, the individual was irrepressibly governed by evil impulses and appetites. Abnormal moral faculties were literally incapable of channelling and directing the passions towards socially good and virtuous ends. Passions elicited the dominant impulse for immoral conduct and thereby constituted moral insanity (Bannister 1877:659).

Immoral passions were thus accorded significance in the occurrence of madness. As a

disease of the soul, unruly passions threatened the health and sanity of individual bodies.

Dr. John Conolly (1830) claimed that the passions had a powerful and even autonomous capacity to produce insanity, which was evident in the insane's inability to self-govern. This helped to explain moral insanity as a state in which the passions dominated and prevented a moral reasoning from affecting a rational mastery over the self. Because the location of insanity was in the will, psychiatrists such as Conolly surmised that individuals could control insanity by cultivating practices of self-governance. Reverend John Barlow (1843), in a lecture delivered to members of the Royal Institution in May 1843, drew upon Conolly's claim that there existed no hard and fast dividing line between sanity and insanity, that the only distinction lay in the exercise of self-control, a view which Maudsley (1898) continued to espouse (Taylor and Shuttleworth 1998:243).

Religious zealots and social purity reformers advocating the necessity of informal moral policing of the others and the self used the example of moral insanity to demonize the sinful passions as a serious evil contributing to the downfall of souls in the godless cities: "To the calm control of reason, have succeeded the dominion of passion, the empire of fancy, and the anarchy of delirium. The eye, which once shone with clear light of thought, now gleams with unnatural fire" (Ide 1841:269). Delivering degenerates from evil required an army of soldiers to fight the evils of moral pollution and vice in the dangerous city. By the early twentieth century "Salvation Armies"⁴⁴ had been established throughout the colonies to save the souls who required redemption from their impurities (Figures 5.2 and 5.3). A

⁴⁴ Also known as the "Starvation Army" by the morally regulated poor.

Canadian clergyman speaking at a prominent Purity Congress in Baltimore in 1895 described social purity work in Canada as addressing the following social evils and issues: prostitution (and its prevention), divorce, “Indians,” illegitimacy, the suppression of obscene literature, rescue efforts for fallen women, the “Chinese,” public education and to provide shelters for poor women and children (Valverde 1991:17).

Simply inciting moral self-governance through the social rewards of conformity was not sufficient. Subjects first needed to cultivate *particular desires or passions*; they then needed to learn to govern these passions in socially prescribed ways. The argument for moral education and the necessity of cultivating self-discipline was a common edict for the first three decades of the doctrine. The premise of the Lockean *tabula rasa* was key in the promotion of treating the morally insane by ‘teaching methods;’ as a precondition for sanity, the morally insane need to be educated in the interior principle of moral self-governance. Jordan argued that if character was the product of corporeal organization and parentage, then it followed that “education is mainly a physiological art. It is an art which should aim at strengthening feeble, repressing exuberant, correcting false, and straightening crooked nerve” [sic] (1890:88). By the 1870’s a consensus emerged declaring the innate ungovernability of the morally insane. The shift to a view that this social group was dangerous was in large part due to the institutional experience of many of them as beyond reformation and incorrigible ‘pests’⁴⁵ or ‘villains’ as the previous chapter outlined.

⁴⁵ Tuke refers to a young woman described as “emotional dynamite” – jealous and spiteful. She was the “attercop” - the poison spider of the household...spinning her net with subtle industry, and poisoning family-life with ill-temper and jealousy” (1885:179).

The powerful passions, combined with a disordered moral centre, resulted in the morally insane's chief and characteristic symptom: the failure to adhere to social dictates and prescriptions in the sphere of everyday life. Despite training, and even punishment, the morally insane were condemned as incurable by the last decades of the century. Uncontrollable, disrespectful, vulgar, and chiefly governed by impulse and appetite rather than reason and good sense, the morally insane were identified as dangerous. But they not only posed a threat to others; they were also a threat unto themselves, or so it was argued, and required the pastoral care of the wise men of medicine. The impulsive, erratic, dangerous passions acted against the subject's self-interest, argued the experts. Psychiatrists took on the social function of tending to these suffering souls as a noble, if not challenging, medical task.

As a threat both to reason (and its effect, reasonable conduct) and to the prevailing social order, passion was feared as a "great destroyer" (Unger 1984:101) to both individual bodies and the social body more generally. Maudsley warned that when "the mind is the theatre of great passion...its stability [is] most endangered" (cited in Bauduy 1879:264). The instability of the baser, that is corporeal and sensual, passions were deemed destructive to "civilization" when not controlled and put towards functional ends such as economic production and procreation and reproduction of the species, for example. Those who possessed a healthy moral faculty it was generally agreed, could subjugate dangerous, unpredictable, and malignant forces through self-mastery and willpower.⁴⁶ The blind and

⁴⁶ In his research on nineteenth-century criminal and social policy, Wiener (1990) provides extensive documentation that the Victorian period was inundated by bourgeois concerns over the maintenance of social order, status hierarchies and social control. This obsession with control was consistently incited and reflects the revolutionary challenges faced by the governing classes.

ignorant impulses rooted in the animal appetites, contributed to the growing view that the morally insane were prisoners at the mercy of governing passions.

Physiological explanations for variation in individual moral capacities explained in part the fluctuation between the two extremes of sober reason and exalted passion. Unbridled passion could potentially revolt against reason resulting in an internal battle within the soul. Ungovernable passion or what one medical expert termed “empathema” (von Feuchtersleben 1847:276) was both an interior and intrapersonal struggle. It was as well a resistance to externally imposed set of social and eternal laws. The morally insane were seen to be naturally ungovernable with instincts and passions largely beyond the harnessing social forces of cultivation and discipline. The grave dangers posed by passions ungoverned could not be understated: from the appetites and passions “alone proceed nine-tenths of what is termed the wickedness and follies of life” (Williamson 1898:14).

Influenced by the Romantic Movement, German physicians, such as Heinroth and Griesinger, expressed medical views that reflected the increasing emphasis of the importance of the role of the passions in cases of madness (Alexander and Selsnick 1966; Berrios 1996). In emphasizing the power of the passions against those of the intellect, some German medical doctrines, particularly those of the Nasse School, postulated an interplay between the body and the soul, although this relationship was one in which the soul was at constant odds with the body. According to this theory, the onset of madness usually was due to the diseases of the passions, brought about by a disease in the organs of the body, such as the heart, the liver, or part of the intestines. The expression of passions was therefore a matter of the body’s physical constitution (Augstein 1999:34).

Heinroth (1773-1843) a German professor of psychological medicine, took a similar position, and introduced three divisions of insanity, the first of which he designated as “Disorders of Moral Dispositions.” This included a sub-category that consisted of manifestations of excessive intensity, such as improper or violent passions. His theory was based on the assertion that insanity begins in vice and is the result of a deterioration of the moral sentiments (Ellard 1988:18). According to Heinroth, diseases of the moral faculty were conceived as either the cause or effect of excessive passion; madness was begat by sin that derived its force from evil passions. Prichard praised Heinroth’s classification scheme as being the “most complete system” consenting to some extent that insanity rose out of sin: “vices, inordinate passions, and the want of mental discipline” increased the prevalence of moral insanity (1837:17). Von Feuchtersleben upheld the dominant eighteenth century opinion that *any* dominating or governing passion whether religious, scientific, or political in form, was dangerous and could result in madness (1847:277).

The morally insane were thus perceived to be victims and convalescents of “excessive irascibility” and “inordinate passion” (Anonymous 1857:360). One goal of a medicine of the soul was to warn both the profession and the general public that the passions were destroying human kind and civilized society. “Few, probably, even suspect the amount of bodily infirmity and disease among mankind resulting from moral causes how often the frame wastes, and premature decay comes on, under the corroding influence of some painful passion” (Sweetser 1850:97). That the “impulsive” nature of the passions was seen as distinct from regular emotional life also became a moral-medical concern because the very experience of them was viewed as a state of suffering. Indeed, as one scientist exclaimed the

"human appetites and passions are the true sources of misery" (Williamson 1898:233).

The miseries resulting from unmanageable passions should be entreated to the expert whose purported function was to cure the suffering of their patients.

The impulses are called passions when, by excitements repeated and combined with emotions, which at times occur, they persevere in their direction to their special object, to such an extent, that the subject suffers by it; hence we clearly see the affinity and the difference between the passions and the emotions; the former have their root in the latter, because human nature loves that which gives it pleasure, and hates that which gives it displeasure; both are excitements of the disposition, the emotions are passive, the passions active...The term passions (from *pator*, I suffer)... must be understood as this state of suffering (von Feuchtersleben 1847:139).

Viewed as an inherently corporeal negative energy, it is not surprising that von Feuchtersleben linked the impulsive nature of the passions to moral insanity. Other psychiatrists also highlighted the pathological impulses imparted by perverse or abnormal passions. Nelson, for example, describes a case of a morally insane man who, "affected with a besetting passion for an apron" would "give himself up to the practice of masturbation...Making a search of his house, there was found a great quantity of white aprons, all spotted with sperm" (1882:438-9). As an abnormal sexual fetish and desire for aprons, the man was interpreted as suffering from an ungovernable inclination that forced him to act in strange, abnormal, and morally reprehensible ways. Indeed, this was a hallmark of moral insanity: "The mental pathology of such cases is defective inhibition from a loss of regulating and controlling power in the highest centres" (Yellowles in BMA 1885:286).

In large part, the criteria of what established a passion as pathological to the soul or spirit was its inordinate, unconventional, and unvirtuous desire in relation to a particular end or object in question. Further, these unvirtuous ends were additionally pathologized as being

“injurious” to the person and society at large rather than a threat to the entire cosmos characteristic of demonological approaches to deviants and deviance. The animalistic passions were conceived as actively destructive and the basic cause of the subject’s suffering which needed to be assessed, remedied, and cured. “In some persons the animal or baser nature would appear constitutionally to predominate, the passions readily breaking from the control of reason and the will, and bringing sorrow, shame, and disease upon the unhappy individual” (Sweetser 1850:101). The moral faculty became medically important because it was seen to be the ultimate arbiter and legislator over the dangerous and endangering passions. The passions, it was argued, need to be morally governed through a higher interior power, the most virtuous and wise part of the self and intrinsic to the conscience. “But although the passions appointed to us, are so prolific of evil - so fruitful a source of disease sorrow, and ignominy...under a wise restraint and watchful culture they may be rendered our richest blessing and fairest ornament” (Sweetser 1850:390).

The redefinition of passions can be understood as a redefining of masculinity such that the “new modern man” did not reproduce the immoral practices of sexual vice and slovenliness characteristic of aristocratic culture that undermined the economic spiritual ethos of capitalism. Virtue was redefined not simply as the absence of lust but as the active presence of self-governance and obedience to social authorities. The evil and impulsive passions - sexual in particular - were thus highlighted as a key axis for moral insanity, and were used to explain and denote the immoral quality of character as an uncivilized subject, the sort of subject who posed a threat to the emerging culture of ‘civil society.’ The formation of “character” as a target for governance can be culturally and historically

understood most fundamentally as a discourse which acted as an essential qualitative descriptor of the category of the person in psychiatric discourses. A good or virtuous character became synonymous with moral health, rectitude, and respectability, individual qualities which resonated with the emergence of capitalist subjectivities based upon economic productivity and bourgeois propriety.

5.4 Medicalizing Character as Scientific Object

During the eighteenth and nineteenth centuries, character became the dominant descriptor of the moral quality of individuals. In this sense, it is not surprising that it comprised a major dimension in psychiatric discourses of moral insanity. Character became an important matter for medical scientific investigation. Social concern for the ‘degenerate,’ ‘immoral’ and ‘sullied’ social classes was addressed by discourses placing increasing attention on “character.” This was expressed by physicians, social purity reformers, philanthropists and social scientists who increasingly viewed the “nature” of the interior as the key to human health, order, identity and reformation (Carroll 1996; Davis 1967; Livesy 1831-3, 1938-9; Newcombe n.d. A, n.d. B; Northrop 1896; Rimke 2003; Rimke and Hunt 2002; Valverde 1991; Wayland 1852). The necessity of exhibiting and cultivating a virtuous character increasingly came to be considered socially indispensable to the civilizing projects of Western science and cultures of modernity throughout the nineteenth century. As such character, which required continual attention and refinement in the process of acquiring a respectable moral status within the social realm. Acting as a description of one’s moral nature or interior essence, character discourses were prominent in psychiatric discussions of the doctrine. As a social descriptor or marker which evaluated, and by extension classified

the moral quality of patients, an analysis of ‘character’ became a key point of psychiatric focus: diagnostic, prognostic, and etiological judgments hinged on a characterological assessment in order to determine the nature of the subject and her/his form of madness. These psychiatric practices provided the historical foundations for what would eventually emerge as ‘personality theory’ at the beginning of the twentieth century, which was based on the conviction that “the truly pathological nature of these changes in the character and morals” underlined moral insanity (Falret 1867a:521).

As a mode of identification and regulation, psychiatric assessments of “character” were based upon socially identifiable traits and temperaments which were evaluated in terms of the quality or calibre of the soul on both individualized and collectivized levels. For example, one can, without difficulty, locate references such as ‘the feminine character’ or ‘the character of the uneducated classes’ or ‘savage races’ in the texts on moral insanity. “It is organization which primarily divides men and women into races, classes, parties, faiths. It is organization - a sad and erring organization - which, for the most part decides who shall be criminals, or paupers, or drunkards, libertines, or lunatics” (Jordan 1890:85). Such globalized categorical appraisals of the person were reflective and constitutive of cultural values and beliefs and can be found in most texts on moral insanity specifically, and in the nineteenth-century medical corpus more generally.

Troubles in Ireland, Scotland, and northern England resulted in geographical relocations by the disenfranchised, destitute, and desperate: the pauper classes. Pauperism, for example, emerged as a defining character of the poor without shelter, what in contemporary terms is referred to as “homelessness,” which was viewed as a social evil

embraced and addressed by various middle-class social factions and groups which served to define charity in moral terms which reproduced the cultural and economic hierarchies integral to capitalist social relations. Moral education rather than economic equality or financial aid characterized nineteenth century social purity reformers. Valverde's (1991) research on the history of Anglo-phone social and moral purity movements in Canada outlines the movement against charity or "giving to the poor." In Upper Canada, John Beverley Robinson of the Family Concept initiated a plan to move Irish "troublemakers" from trouble spots. This proposal to disperse Irish unrest (leaders of the disturbances were to be emigrants) was quickly rejected and only paupers of 'good character' were assisted (Gaucher 1982:115).

The emergence of philanthropy in London during the 1860s was part of the wider social movement concerning the rising poverty, crime and vice needing urgent remedies or cures. Philanthropists repeatedly condemned "indiscriminate alms-giving" to the poor. Forms of social organizing aimed at alleviating the wretched conditions of the poor through "charity" were castigated as unscientific, backward, too impulsive, and worst of all, *the cause* of the "pauperization" of the poor. Instead, the basic tenet of organized charity or philanthropy was one which rationalized *reducing* material aid, focusing instead on providing moral education in order to reform/transform the poor into upstanding and obedient civilians. Social and moral reform could thus be achieved through psychocentric measures aimed at "training" the unfit in practices of self-discipline. Thrift, punctuality, and personal hygiene were seen as essential to civil society's imperialist culture that required manageable yet actively and mentally ordered populations favourable to the growing capitalist economies. Psychocentric approaches provided individualistic models for social

problems that were essential for the production of economic subjectivities conducive to discipline as efficient, calculable, and profitable workers. In theory at least, hard labour was thought to produce character for those lacking the virtuous Protestant work ethic. Further, the increased industrial productivity led to the new freedoms to purchase commodities and participate in consumerism. Character (re)formation instilled an appreciation for worldly possessions which were formerly the almost exclusive pleasure of the upper classes.

An American ‘champion’ of philanthropy exclaimed, “next to alcohol, the most pernicious fluid is indiscriminate soup” (cited in Valverde 1991:19). Another campaigner against the evils of charity was J.G. Holland (1819-1881) who in 1876 railed against tramps as society’s “deadbeat nuisance.” Warning against “pauper poison” which he defined as the habit of getting something for nothing, he criticized public hospitals, the clergy, liberal education, and everyday practices such as tipping for rewarding slovenliness rather than instilling the character of industriousness. The “moral poison” of almsgiving he argued led to the loss of manhood because “the poison is in his soul” (cited in Carlson 2001:58-9). The moral lessons were becoming clearer: what the poor needed was a revolution within their selves and souls which diverted attention away from the structural injustices, and thus could complement the dominant order in new ways. As such, advice rather than gifts (Donzelot 1979:66) became the central theme of philanthropy which aimed at improving individual character rather than the social conditions of existence. Self-help thus emerged in the context of philanthropic movements aimed at instilling a despotic self-authoritarianism embodied in principles of ‘self-help’ marked by the 1859 publication of Samuel Smiles’ *Self-Help: with Illustrations of Conduct and Perseverance*. In this early or “first” popular self-help manual

he sets out to prove that poverty is self-chosen and with enough thrift, energy and self-denial, any man could become rich and independent as seen in the idea of ‘the self made man.’ Liberalist individualistic principles were advocated to “prevent the evils [that] follow false philanthropy” which was seen as a cause of degeneracy because charity enabled the poor character to reproduce itself (Bowditch in Richardson 1881:571).

The universalization of social categories such as sexual, masculine, feminine, class and national characters, for example, provided normative bourgeois values and social relations to map out the psychiatric grids to account for abnormalities in the population. Character became a fundamentally objectified descriptor for charting the boundaries between social groups but also operated as the pivotal terrain for identifying the normal and pathological soul. Delineating the character of various social categories acted as a homogenizing and universalizing source and force of so-called inherent differences found in each group; it also prescribed the character each group was socially expected to present. As a technique of individualization, the moral category of character deployed in medical discourses invariably implied the moral status of the social subject. The medical mobilization of character provided a central axis for the scientific constitution of immoral subjects: those individuals who deviated from social norms of morality were classified as pathological due to immoral conduct which was interpreted as expressive of immoral character. Through the evaluation and interrogation of a subject’s conduct, lifestyle, daily living practices, habits and association, character became an integral target and object for psychiatrically ‘knowing the soul.’

The assessment of character was a basic technique in diagnosing moral insanity.

“Characteristic” traits were viewed as a significant, if not key, source of information and knowledge in the empiricist project of defining and identifying which temperamental and interior qualities were (un)stable, (un)natural and (non)normative for the individual in question: “In studying the human being, the most important part is his temperaments” (Campbell 1884:39). Character was therefore based on the relationship between 1) globalized social categories or ‘the character of identity’ (e.g. the feminine character), and 2) individualized moral evaluations of the essence of selves (e.g. an individual of immoral character). Both forms of “characterizing” were bound up together which meant that in order to understand how the psychiatric evaluation of character was diagnosed one must always take into account the wider social categorical importations implicit in the individualized diagnosis of character. Character took on specified global forms such as ‘feminine,’ ‘sexual,’ ‘fatherly,’ ‘motherly’ and did not solely operate on the level of atomized individuals but in multi-faceted ways. Further, the domain of character was always already moral in its construction and evaluation; that is, it was founded upon socially constituted value-judgments of good and bad, and not simply descriptive or objective processes of scientific neutrality. Indeed, psychiatrists tailored their clinical analyses on the basis of the subject’s social group membership; identifications of normal and abnormal thus varied according to one’s social group. One physician sums up this medical practice: “The judicious and intelligent physician thus learns to shape his practice, not only according to different diseases, but also to the different classes of patients” (Sweetser 1850:122). Thus the medical technique of diagnosing the essence of character as a unit of perceptibility and identification was always already connected to the social and cultural terrain of what traits and

temperaments were important to possess and express, but also which characteristics of the subject were accorded relevance or significance in relation to the prevailing dominant values, practices and desires.

Clouston (1883), a student of David Skae, argued for two types of moral insanity: first, those individuals of virtuous character who spontaneously or temporarily lost the moral sense, and second, those congenitally morally defective from birth who could not be successfully educated in morality. Character was understood as inextricably intertwined with the corporeal nature of the individual, particularly in conduct and the comportment of the body. Experts typically posited a direct relationship between morals and body health. “Debility, consumption...insanity and nearly all the other ills that the flesh is heir to, when traced to their sources, are usually seen to be the results of imprudence or sin” (Bowen 1855:334). The physical craving for alcohol consumption was often deployed as an example of moral and medical danger which could morbidly change the nature of the character and physiology of the subject. Maudsley argued that as a moral effect, alcohol strengthened the passions and weakened the moral faculty in an already physically deteriorated nerve structure (1884:273). In dipsomania,

one of the forms of moral insanity, the impulse to drink is sudden and uncontrollable, and very often...the sufferer would give way to his passion if he could resist it, in contradistinction to debauchery, where there is preparation for the excess, or sottishness, where there is a steady and progressive brutalizing of the individual, and blunting of the mental capacity and moral sense (Folsom in Richardson 1881:572).

Prichard claimed early on that not “unfrequently persons affected with this form of disease become drunkards; they have an uncontrollable desire for intoxicating liquors” (1835:25).

The ‘good or moral character’ was thus embodied in performativity and represented an interior constitution which demonstrated a *moral will to govern the self with decorum*: the “*annihilation of the will power...constitutes the very essence of all insane acts*” (Bauduy 1879:276; emphasis in original). Moral disease was viewed as a monstrosity to normalized human capacities, an infliction worse than death itself. “Offer to a man blessed with a well-regulated and active mind the choice between the most cruel bodily disease and insanity, and he will not hesitate a moment in making his election...place before him death or madness ...and [h]e will instantly welcome death as the least terrible alternative (Anonymous 1855:245). The anti-alcohol sentiment is peculiar given that English nurses and doctors drank a great deal and administered two to three pints of beer each day to patients (Newth 1967:186-7).

It is clear that with the doctrine of moral insanity, the normal and the pathological were increasingly becoming evaluated in terms of moral nature and the principle of self-governance that was embodied by the person’s character. This put forth identifications that swiftly became the historical and cultural product of an assemblage of excessive passions, combined with unprincipled character and an inherent ungovernability rather than an inability to think. The emphasis on the presence of intellectual or cognitive functioning thus presented a rupture with the long-accepted rationalist model of insanity. The notion that the outer body reflected the soul invited a social and moral dissection of the exterior body to get at the essential quality and matter of interiority. “Cutting through density was, literally and metaphorically, a way of piercing any opaque morphology, of achieving transparent self-knowledge and the knowledge of others” (Stafford 1991:84).

5.5 Conclusion

The scientific doctrines of nineteenth-century medical experts assumed that because human difference in physical structure and organization existed, it was also understandable that they could differ in moral capacities manifested in ‘character’ as well. As an interior interference with exterior social order, the pathology of the passions was based upon the belief that ungoverned or dangerous impulses disrupted the orderly and predictable conduct of bodies in the external environment. Morally insane passions failed at submission and domestication thus posing a challenge to social expectations of subjects as organisable, manageable, and calculable. Often described as explosive, erratic, fanciful, eccentric, nonconformist, impetuous or reckless - in a word, unpredictable - the morally insane embodied and signified the nineteenth-century fear of moral chaos which reflected the socio-political-economic chaos of the age. The damaged or diseased moral faculty prevented the morally insane from governing and shaping their conduct and desires in socially prescribed ways.

The nature of the passions became central to the psychiatric understanding of moral insanity. Just as the morally mad were a threatening element in the social body, the passions threatened the healthy and orderly functioning of individual bodies. The defect or deficit in the moral faculties resulted in the animal passions ruling the conduct of the morally insane. The bourgeois fear that growing vices would permute and destroy the orderly modernized world, coupled with familial complaints about the difficulties in morally governing disruptive family members, contributed to a host of social demands which required a revised understanding of madness. This rupture highlights the connection between the moral faculty

and the passions as directly related to intelligence in the nineteenth century psychiatric imaginary: those who were rational and immoral posed a new source of “danger” to the social order. The morally insane character was literally conceived as the embodied relationship between the dominating passions and the defective moral faculty. This signalled a break with the traditional approach to madness. In particular, it challenged the “highest scientific principle of reason as defining the civilized man.” The central assumption that insanity was the mirror opposite of sanity was due to the centuries long view that lunacy/madness was unequivocally a derangement of rational or cognitive functions.

This chapter has argued and demonstrated that within the context of moral insanity, the interior was created and organized as an assemblage of the moral faculty and the passions that further constituted the character of the individual. Character, or the moral worth of the individual, was identified and captured through exterior movements which should also be understood as the psychiatric interpretation of the individual as a moral/normal or immoral/abnormal body. Character thus represented the individual embodiment of morality thus giving credence to the mythology of an embodied moral nature which could be scientifically identified and categorized by clinical observation. This meant that immorality could be located in the body of the subject as a virtual object because the individual’s moral nature was presumed to present itself in active vice. That, prior to the invention of moral insanity the moral faculty had been almost entirely overlooked on the ground that the moral sentiments and passions were generally considered subservient to reason and the will, helps contextualize the arguments made against the doctrine in the following chapter.

Figure 5.1 "Moral and Physical Thermometer" (Rush 1790)

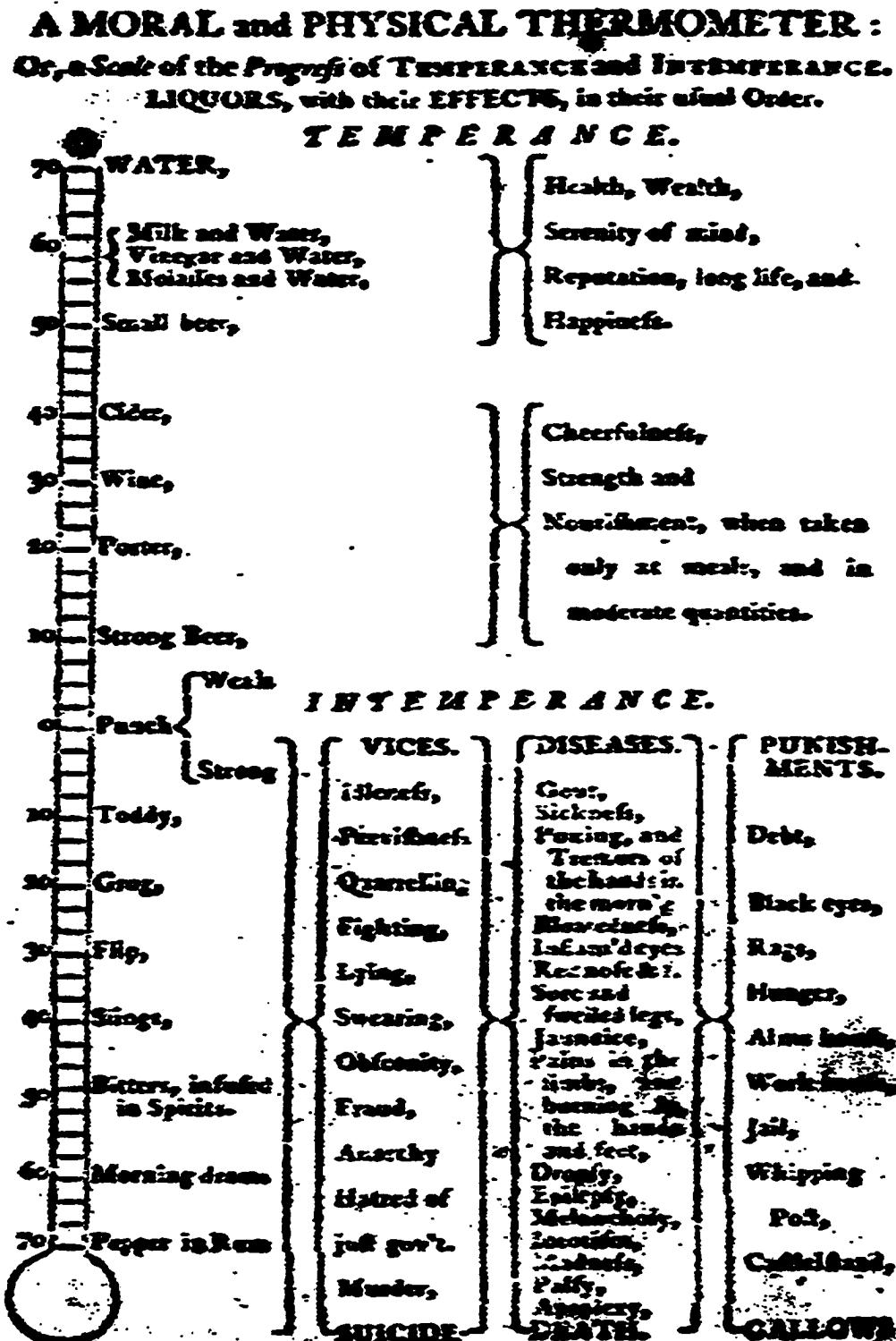


Figure 5.2 Salvation Army Officers (in Valverde 1991:101)



*The Salvation Army led the way in the work of "rescuing" prostitutes: from War Cry.
2 March 1895. (Courtesy: Salvation Army Heritage Centre)*

Figure 5.3 Niagara of Fallen Souls (in Valverde 1991:37)



*Crowd of souls falling to their eternal damnation at the bottom of the Niagara gorge:
from War Cry, 9 November 1895. (Courtesy Salvation Army Heritage Centre)*

CHAPTER SIX: MORAL INSANITY: AN ESSENTIALLY CONTESTED DOCTRINE

Moral Insanity does exist; that it is not, as has been asserted, a theory of doctors, - a thing invented to cheat the gallows or the prison of their victims, - but a disease, just as well known to those who have studied it, and just as capable of being known to those who will study it, as typhus fever or small-pox (Gilman 1841:15).

[A]ssuming absolute moral insanity alongside of absolute mental sanity, may be considered an illogical, and therefore a contradictory conclusion to the premises upon which every system of civil or religious accountability rests, the latter must be admitted to be a conclusion without a premiss, an edifice standing on air, and a species of a psychological soap-bubble which bursts not only when philosophically handled, but by its own expansion (Ordonaux 1873:331).

The chapter examines the debates over the doctrine of moral insanity, which occurred in both medical and legal discourses throughout the nineteenth-century. These contests had a significant impact on the doctrine's historical development and expansion. Within the circle of those doctors who conceded that moral insanity existed as a scientific fact most professional tensions surrounded issues of definition and nomenclature as was seen in Chapter Two. Those who opposed the doctrine did so for multiple reasons including religious, legal, medical, or philosophical convictions. The conflict between medical experts was due in part to internal divisions and tensions. Despite the status and authority of doctors such as Jules Falret in France, Isaac Ray in America, Daniel Clark and Joseph Workman in Canada, and Daniel Noble, Henry Maudsley and D.H. Tuke in England, a very small group of influential physicians, most notably John Gray and Thomas Mayo in the United States, refused to admit the scientific existence of moral insanity and became vicious opponents to the doctrine which is addressed below. The chapter outlines and argues that the struggle to

achieve a professional medical status was a process of social authority-in-the-making through which the modern psy complex emerges as an important hegemonic force in Western culture.

6.2 Conflicting Moral Authoritarian Discourses

Moral insanity challenged both the traditional administration of law and Christian conceptions on sin and immorality. Providing a focal point for the social production of knowledge, moral insanity played a significant role in the psychiatrization of immorality. These debates functioned as a space to amass a body of scientific literature and opinion, but also provided the impetus for new claims about the corporeality of immorality.

Outlining the debates on the doctrine of moral insanity which impacted several areas of traditional knowledge in law and religion, the chapter demonstrates that with the clinical category of moral insanity, Western society for the first time witnesses the concerted attempt to place the problem of dangerous or morally ungovernable subjects firmly within the domain of medical knowledge, despite authoritative resistance. Thus Valverde's (1998) faulty claim that the doctrine of moral insanity was a "failure" fails to grasp the complex social negotiations entailed in often contradictory psychiatric pronouncements and discourses which eventually become sedimented, or leave 'traces' in the Derridean sense. Histories of the present are not concerned "by merely knowing whether it 'worked' or not" but acknowledges the inherent contradictions in psychiatry, as Foucault did in his analysis of the human sciences (Castel 1995:242, 244). The position here is one which demonstrates that the either-or claims based on an analysis of successful versus failed professional discourses assumes that "the final truth" remains at the level of formal institutional(ized) knowledge rather than

one which becomes absorbed into the realm of the everyday as a social discourse in the lives of ordinary folks who make up the majority of the governed. One of the most forceful dimensions of moral regulatory discourses rooted in expert claims is that its traces and effects can often be culturally located long after the experts have ‘the final word.’ Passing simplistic dichotomies and binary judgments on the success or failure of the doctrine neglects to take into account the distinction and interpenetration between cultural and professional knowledges, in which the former often lingers and emerges as a discursive cultural force. This is most simply understood as a “discursive lag” between the popular and informal and the formal. For example, the once condemning medico-moral discourses on masturbation, which reached its professional peak and social force during the nineteenth-century, indeed fell into disrepute or ‘failed’ by the standards of twentieth century medical knowledge; yet moral regulatory discourses on masturbation continued to circulate *despite* medical support and advocacy to the contrary. Binaries of success/failure of this sort, therefore, remain at the analytic of ‘professional ideologies’ and prematurely dismiss expert domains’ effect on, and relation to, cultural discourses, which may operate, and often do, autonomously from paradigmatic shifts in the sphere of ever ‘progressing’ medical knowledge of the intellectual and moral elite. It is important therefore to understand the effect of psy discourses on everyday life and culture, long after these discourses have been disproved in the annals of medico-scientific truth. Culture, for example, is based upon an endless parade of mythologies, stereotyping and inaccurate information derived from past truths claims.

As a precursor to, if not foundational premise for, contemporary definitions and

theories of ‘anti-social disorders,’ the doctrine provides an important case study for understanding the historically fraught relationship between the human sciences and traditional moral authorities. It thus highlights how traditional religious conceptions of vice as sin and legal doctrines that oversaw the punishment of those sins which were criminal, contributed to the psychiatrization of immorality. The chapter therefore contributes an understanding of how psychiatry as an expert knowledge struggled to become a powerful moral authority. Within this argument I suggest that the development of forensic psychiatric expertise in the courtroom did not replace legal and religious authorities’ jurisdiction over dangerous and doomed souls but ushered in a new regime of power and knowledge applied towards the governance of social subjects. This helps explain how the dangerous classes became subject to multiple (and proliferating) regulatory apparatuses. The existence of individual moral perversions largely went unchallenged: the major debate was framed by the larger concern of determining whether morally deranged subjects were suffering from a disease to be treated and studied by medical experts or whether these transgressive subjects should be left, as they historically had, to religious and legal authorities.

The dissertation intends to avoid the historiographical tendency to isolate and discuss moral insanity predominately as a legal issue, as many historians have, for the doctrine’s implications reach(ed) far wider than the legal or juridical spheres. Nor does it attempt to resolve the nineteenth-century debate on moral insanity. At the same time, it is the position of the dissertation that examining the debates is crucial to understanding the social history of moral insanity, if only because these points of conflict impacted the development or “refinement” of the doctrine, and thus its increasing application on marginalized populations.

Situating the nineteenth-century problematic of ungovernable souls within the network of contested expert discourses provides an understanding of how moral concerns were contingently resolved through the medical profession's internal drive to elevate the social importance and status of psychiatry.⁴⁷ The chapter also provides the arguments whereby the morally transgressive became an object of psycho-medicine *in law and despite it* and rendered as 'sick.' It thus demonstrates one way of understanding how the human sciences, constituted, divided and classified 'sick souls' as distinct from 'criminal souls.' Most importantly, perhaps, the debates provide a historical glimpse into the multiple and contradictory morality claims which competed throughout the last half of the nineteenth-century.

The elusive character of the doctrine of morality insanity, probably more than any other type of mental disease in the nineteenth-century, produced extreme difficulties from a medico-legal point of view. One of its greatest challenges was to determine whether the subject examined was *truly* morally insane, particularly because "the mental state of many of these patients singularly resembles certain normal mental conditions, and because eccentricity or natural oddity often borders upon insanity" (Falret 1867b:56). Supporters of the doctrine endeavoured to meet the legal, social, theological, and medical objections and thus waged a battle on several grounds external and internal to the field of medicine. Of these objections, one of the most prominent was that it challenged the traditional definition of insanity as a form of unreason, a definition that the doctrine outright rejected and

⁴⁷ This phenomenon occurred simultaneously the rise of "the activist" defence attorney, whose social and legal practices of "advocacy" did not emerge until the nineteenth-century (Eigen 1995).

contradicted. The promotion of moral insanity was mobilized on multiple grounds. First, it aimed at convincing the public that medical knowledge possessed a privileged understanding of the human soul and was thus indispensable in the detection and regulation of moral dangerousness or disorder; and second, it opened a space for medicine to challenge the legal administration of insanity, thus contributing significantly to the rise and role of psychiatric expertise.

While this chapter primarily examines the contests and debates over those who were diagnosed as prone to acts of violence which brought them before the courts, such as homicide, robbery, arson, and attempted murder, it is extremely important to bear in mind that this criminalized class comprised a very small portion of those diagnosed as morally insane, and are not, therefore, representative of such a heterogeneous clinical group. Vital to an understanding of these debates is that moral insanity had extremely wide social categorical implications and most often *did not* result in charges of criminal conduct. Thus one should bear in mind that although much of the literature examined in this context focused upon the status of moral insanity in relation to the juridical complex, psychiatrists were also advancing, implicitly and explicitly, more general truth claims about the condition of moral insanity which helped to entrench socially the category of the psychopath.

6.3 Positioning the Middle-Classes

Those who opposed the doctrine relied upon ‘alarmist’ presentations of the most violent cases to socially condemn the doctrine. Such examples were presented for the following two reasons. First, they served to alert the public of the social dangers of medicine intervening in traditionally defined religious and legal functions. Second, it presented the

notion that moral insanity was synonymous with homicidal mania, which certainly was not the case. For the Victorian public the idea of moral insanity was a source of both fear and fascination (Gates 1982). The representation of moral insanity in ‘spectacular’ trials covered by newspapers enmeshed its existence in the literate class – the privileged middle-classes – who consumed sensational stories about monstrous souls. In particular, the doctrine created public sensation by its application in the notorious criminal trials of Edward Oxford and Daniel M’Naghten in England, and Lewis Payne, Charles J. Guiteau and Charles Huntington in the United States. Through the publicity and media spectacle of criminal trials, moral insanity became popularized at the level of cultural fascination and interest.⁴⁸ It also sensitized the public to the existence of moral insanity, eventually becoming an everyday term. Quoting Harriet Beecher Stowe (1869) a popular text for the literate classes, Catherine Beecher provides an everyday example of moral insanity in her ‘good housekeeping’ handbook and writes: “Little Jim, who, fresh from his afternoon’s ramble in the fields, last evening said his prayers dutifully, and lay down in the most Christian frame, this morning sits up in his bed with his hair bristling with crossness, strikes at his nurse, and declares he won’t say his prayers - that he won’t be good...[he] is in a mild state of moral insanity” (cited in Beecher 1873:156). Beecher’s housekeeper and healthkeeper contains hundreds of ‘recipes’ for economical and healthy cooking and much advice on securing health and happiness for the ‘good Christian family.’

⁴⁸ Moral insanity also made its presence on the cultural stage by appearing in popular nineteenth-century literary works such as Joseph Conrad’s *Heart of Darkness* and Henri Beyle Stendhal’s *Le Rouge et le Noir* (Gates 1982; Schneek 1966).

Sensationalist criminal trials also helped create and sustain a public discourse on moral dangerousness as a threat to social order, peace, and harmony which was presented in such a way as to provoke fear of anti-authoritarian conflict, unrest, and revolution as individual pathologies rather than effects of an inherently unjust social, political and economic order.

Anti-capitalists such as communists, socialists, and anarchists were presented as examples of moral dangerousness border-lining crime and insanity in the medical literature. Those engaging in the propaganda by deed, such as assassinations and firing became conceived by some experts as psychopathological instead of simply criminal or sinful as had previously been the case. For example, a morally insane assassin who was believed to have ascribed to the belief in the political necessity of murdering a president to save the country was outright denounced as insane: “no sane mind would have reasoned itself into the belief that murder would have averted the crisis” - an idea even a “stupid man” would have rejected (Channing cited in Anonymous 1882:648). Firings, assassinations, and executions were the business of the dominant social and political groups, the governing authorities such as agents of religious or state apparatuses. Anti-authoritarian political militancy was often upheld as a source of dangerous social conflict that threatened the privileged who at best preferred ‘reform’ over ‘revolution’ or any form of social change that endangered their status and economic well-being.

Moral panics about the dangerous thus produced anxieties that were recuperated in efforts to increase moral regulatory efforts. Opponents who publicly proclaimed, that with the aid of experts, the morally wicked would evade punishment, outlined anxieties about the

doctrine. Immoral acts would thus be amnestied through blasphemous physicians or corrupt lawyers who would exploit the doctrine to the detriment of social order and security thereby placing good, respectable, civil citizens at risk. Thus for Mayo and others, Prichard's doctrine was directly responsible, and therefore liable, for "the sudden outbursts of brutal character - a character under rapid development...in the lower orders...[who] find refuge in this plea" (Mayo 1853:57-8).

Professional concerns about public perception and impressionability were conceived as preventing the growth of psychiatric knowledge for fear that public knowledge posed some sort of threat - that, the "increasing liberality in the opinions of the public...antagonised"[sic] the processes of justice (Mayo 1853:11-12) particularly when it enlisted "unfounded" public sympathy for the morally insane facing criminal charges. However, Mayo and Ordonaux argued that the public had the right to criticize legal judgments when they were seen to contravene "sound morality" and public safety, particularly when it came to the moral insanity defence which meant excusing the sinner on medical grounds (Ordonaux 1873:329). The struggle to enlist public support as allies was a challenge for medical experts on both sides of the debate.

The debates on moral insanity incorporated the doctrine into the cultural spectrum of recognizability or visibility. Psychiatric incitements of "early detection" enlisted the entire population to watch for signs of moral perversion in their daily relations with others. This also contributed to 'the perceptibility' of degeneracy or deviance. Thus debates, publicity, warnings, and descriptions consisted, and were productive, of bringing madness into the circle of the familiar and the everyday. Experts needed to argue convincingly that moral

insanity did not just manifest itself in horrendous crimes but operated almost indiscernibly in everyday life. Consider the following plea:

If moral insanity is to be only spoken of and recognized when vicious acts are threatened or committed, it is natural that the doctrine of moral insanity should be brought into disrepute, or altogether disregarded...But if it be shown that the disorder...may coexist with a sound condition of the purely intellectual part of our mental constitution; the proposition of the existence of what Prichard termed (somewhat unhappily) moral insanity will not stand out in such prominent relief in its relation to vice, nor run so perilous a risk of being regarded as the mere apology of crime (Bucknill and Tuke 1858:159).

Moral insanity thus implicated the entire population by inciting the widespread surveillance and monitoring of others. Misunderstanding moral insanity not only posed a risk for the salvation of insane individuals, but significantly, it could also jeopardize the safety of the public. The doctrine was thus mobilized in the ‘interest’ of both the suffering individual and the safety of society.

Increasing publicity over medical experts’ exculpating criminals through the insanity defence aroused stringent debates, and forced the champions of the doctrine to convince cynics that the disease could be proven to exist as a medical scientific fact. Anxious about the growing popularity of Prichard’s doctrine in medical circles and its application in criminal cases that were gaining press a veritable moral panic transpired. The circulation of the doctrine amongst the masses was thought to be dangerous both for influencing juries and for encouraging its acceptance in wider society. Publicizing moral insanity cases, it was argued, would increase its occurrence. Several proponents, fearing that unscientific biases and misinformation about the doctrine would bring the advances of medicine in disrepute, took it upon themselves to eliminate from the public mind that the doctrine was a mere psychiatric

contrivance.

“I think we ought to be careful not to allow our professional opinions to be placed in such a light that there is any danger that they may be prostituted for the purposes of vice” (Author Unknown cited in Benedikt 1894:594). The fear that medical knowledge would be prostituted for vice was a primary argument against the use of moral insanity: “The impunity derived from this plea is singularly inappropriate, as it generally accrues to that very class against which society possesses no protection except through their fear of punishment - namely, the unprincipled” (Mayo 1853:70). The proponents argued that negative publicity that irresponsible physicians were circulating about moral insanity endangered the progress of psychiatric science. Highlighting the dangers of both “mistaken lawyers, aided and abetted by the unscrupulous and mercenary” and “ignorant, unpractical or extremely self-sufficient and egotistical” physicians using the doctrine for unethical ends endangered “a noble science” by enlisting public contempt (Hughes 1881b:14). The tensions amongst authorities characterized the historical career of the doctrine of moral insanity and demonstrates the heterogenous attempts to govern morality and immorality.

6.4 The Insanity Defence

Medico-legal historians generally agree that the insanity defence was problematic from its inception (c.f. Eigen 1995; Smith 1981). The cultural institutionalization of the insanity defence - best known as the M’Naghten Rules - was decreed by the highly publicized 1843 trial of Daniel M’Naghten who shot and killed Edward Drummond, the secretary to conservative English Prime Minister, Robert Peel. Peel a staunch Tory strove to maintain control in Ireland favouring imperialist Protestant ascendancy at home and abroad

in the colonies.⁴⁹ The dominant narrative of the M'Naghten case found is as follows:

Claiming that the Tory government was establishing a demonic reign on the earth, M'Naghten set out to kill Peel but accidentally murdered his secretary Drummond instead. This proved that M'Naghten was not only a criminal but also the possibility that he was insane. A less popularized critical historical perspective, one more clearly attuned to social, economic and political conflicts surrounding the trial, is an account provided by Robinson (1996). He argues and demonstrates that M'Naghten, who was affiliated with radical socialist and chartist groups, was a political militant who outright opposed Peel's Conservative policies, taking them as direct attacks on the already destitute and endentured labouring classes. The Corn Laws, in particular, created mass social unrest and anger resulting in widespread grassroots organizing and counter-hegemonic movements that threatened industrialist ascendancy.

The Acts favoured the agricultural aristocracy by increasing the cost of food, prices that were inestimably hard on the working classes. Since the government monitored counter-hegemonic movements, political insurgents and militants such as M'Naghten and others, may have been well justified in feelings of tyranny and persecution. Nonetheless, M'Naghten's lawyers argued that he was not guilty of murder by reason of insanity. He was experiencing paranoia and delusions, and did not rationally understand the nature of his act, and even if he

⁴⁹ Peel is also historically significant because he was responsible for the establishment of a 'civilian organization', the Metropolitan Police Force in 1824 who were referred to as "Peelers" and "Bobbies" (they were also considered "Bobby's Boys"). Peel created the new Penal Code in order to guard the growing prosperity of the propertied classes of which he was a member as a mill-owner (Newth 1967:36, 49).

did, M'Naghten had no knowledge of right and wrong.⁵⁰ The case gave rise to the most thorough debate on criminal responsibility and the legal test of insanity largely because the verdict roused a great deal of opposition (Schneck 1960; 1966). Shortly after, other criminal cases began using the plea of insanity in America, Australia, France, and Ireland.⁵¹ Moral insanity was presented as a plea and evidence in many criminal cases, particularly in England, (Boland 1999:25) thus elevating its social visibility as a moral spectre of danger.

A few years earlier, the doctrine received a hostile public reaction with the trial of Edward Oxford in 1840 for the attempted murder of Queen Victoria in England. The jury was directed by the expert claim that “[i]f the controlling disease was, in truth, the acting power within which he could not resist, then he will not be responsible” (cited in Boland 1999:25). The acquittal of Oxford on the ground of insanity was denounced by the press and disgusted the public (Gilman 1841). Not only did such an emergence challenge the religious basis of morality upon which legal theory was premised but it also threatened juridical authority and discretion at the behest of medico-psychological experts (Wilson 1995:41). Indeed, the most controversial construction and application of psychiatric knowledge, as well as the legal complex’s dissatisfaction with it, was the moral insanity defence (Dain 1994:422). This event not only signalled, as Foucault (1978) has pointed out, the modern

⁵⁰ American psychiatrist, founder of the American Psychiatric Association, and much-cited expert on the doctrine of moral insanity, Isaac Ray, published *A Treatise on the Medical Jurisprudence of Insanity*, which was used in the successful insanity defence of M'Naghten.

⁵¹ Contrary to Schneck's (1966) claim, discourses on moral insanity were influential in the legal field. It was with the M'Naghten case that medical science or psychiatric expertise most forcefully emerged in opposition to traditional legal and theological authority.

transformation of the criminal into a madman; it also transformed the ungovernable sinner into a morally mad degenerate who needed medical attention by experts above all else (Rimke and Hunt 2002).

Others who believed in the existence of moral insanity objected to the term, advising medical witnesses to refrain from its use in court. This discomfiture might best be explained by professional concerns surrounding a disapproving public who might view medical expertise negatively by attempting to supersede both traditional religious and legal authority. This fuelled the conviction that some psychiatric knowledge itself might pose a danger for the common good and safety of citizens. This charge was addressed and rejected: “To assert that the doctrine of moral insanity is a dangerous one from which society may suffer, as Mayo and his followers have done, is to render science subservient to social polity, illogical, cowardly, and, of course, unscientific, whereas social polity should be ever subservient to scientific truth” (Hughes 1882:71). Science, not superstition, should direct government and policy.

Moral insanity and criminal insanity formed two distinct disease entities for most physicians and formed a point of discord among psychiatrists.⁵² While criminal insanity became a popular medical and legal designation for those who engaged in habitual “criminal” conduct, particularly after the 1876 publication of Cesare Lombroso’s highly

⁵² Relying upon the work of German psychiatrist, Paul Naegele, Havelock Ellis (1896) points out at the end of the nineteenth century that the conflation between and disputes over moral insanity and congenital criminality was largely a matter of definition. I refrain from providing a history of the category “criminal insanity” particularly since the moral insanity experts almost never referred to it as a legitimate psychiatric diagnoses; this, however, does not conclude other medical experts did not. Critical post-structural research investigating the intersection and development of both appellations in relation to the other is still outstanding.

influential *The Criminal Man*, the moral insanitists were keen to distinguish moral from criminal insanity. This stemmed in large part from accusations that the doctrine condoned criminal behaviour through a determinist model of disease which contradicted the widely endorsed doctrine of the free will and moral responsibility.⁵³ The use of moral insanity as a defence for crime was accused of advancing “from court to court, spreading like moral contagion over the land, until murder shall in truth, and not in imagery alone, be converted into one of the fine arts” (Ordonaux 1873:330). Proponents responded by insisting on the necessity of not allowing “this term [moral insanity] to be a stepping-stone for the criminal to evade justice” and to exercise serious caution with its application (Nicolson 1891:58).⁵⁴ The applicability of moral insanity was to be used carefully with a view to public response and professional reserve: “With that caution I think we may very safely allow ourselves to accept it as a fact that there is such a condition of mind as may be rightly and properly described as ‘moral insanity’” (Nicolson 1891:57-8).

The practical consequences of using the insanity plea as a medical condition undermined the long-held belief in the necessity of punishing the dangerous with “a just measure of pain.”⁵⁵

⁵³ Prichard foresaw the juridical and legal rejection of moral insanity as a plea for criminal defence because it displayed no particular or always obvious mental illusion or lesion of understanding - “a feature which is commonly looked upon as essential to madness.” Thus he predicted that in the courts of the land, “it is most probable the suit will be rejected” (1835:21).

⁵⁴ Homicidal monomania was heralded as a specific form of moral insanity once the doctrine became more accepted in the latter decades of the nineteenth century. This provided a means to pathologize crime as a psychopathological phenomenon (Foucault 1978b:6)

⁵⁵ By 1870 the English Penal Code was known as the “Bloody Code” because over 370 crimes were punishable by death (Jackson 1991).

If experts choose to say that all very great criminals and scoundrels of extravagant wickedness are *ipso facto* morally insane, because their vices and atrocious deeds exceed the ordinary dimensions of everyday sin, we have no particular objection to their saying so... We would hang the victim of moral insanity; they would not (Anonymous 1865:133).

Rejecting the doctrine, Mayo, Folsom and other anonymous writers argued that the morally insane “really needed punishment and nothing else” (Folsom in Richardson 1881:572). The practical social questions thus often formed the point of contestation between experts. Moral insanity existed but what should be done with this dangerous class? Adherents to the doctrine claimed that it was a disgrace to enlightened jurisprudence if the morally insane were robbed of the plea of insanity and held accountable for their illness. This was a humanistic appeal to the public that it would be a clear miscarriage of justice to condemn individuals for a physiologically constituted illness. Psychiatrists exclaimed that it was unjust and inhumane to punish, legally or otherwise, an individual for their disease. The task of convincing the public, as well as legal and opposing medical experts, that moral insanity was a disease or form of madness rather than intentional wickedness, criminality, or sinfulness proved to be a challenge throughout the nineteenth-century albeit with increasing resolve and scientific refinement. Having emerged as a nodal point for the intersection of multiple authoritarian discourses, moral insanity created a new space for social action, conflict, and dialogue on ‘the moral question.’ The emerging science of psychopathology would map the nature of ungovernable souls onto new terrains of knowledge.

6.5 Demonology, Disease, and Degeneration

One of the most stalwart opponents to the doctrine of moral insanity was the

psychiatrist and asylum superintendent, Dr. John P. Gray.⁵⁶ Providing expert testimony in the courtroom against criminal defendants such as Lewis Payne, who was tried for conspiring to assassinate Abraham Lincoln, and Charles J. Guiteau who shot President Garfield (Waldinger 1979:163), Gray was worried that medical science and the category of moral insanity in particular, would prevent the necessity of holding individuals accountable for their transgressions. From his perspective, moral accountability would be jeopardized by the assertion that individuals suffered from a moral form of insanity. His reasons, however, were based more strongly on his theological convictions, rather than the view that the doctrine was scientifically precarious. In “plain speaking terms,” he argued, the morally insane were essentially “bad men” who were so born (Gray 1858:320). Claiming that the real problem was sin and sinfulness, Gray advanced a scriptural reasoning to demonstrate the superiority of divine law versus human law in judging the guilty and dispensing punishment. This was a dominant internal argument against the doctrine. The fear was that bad individuals would escape punishment. Concerning his contemporaries’ willingness to “let madness go free,” he writes:

St. Paul...describes a good many cases that are now classed as cases of moral insanity. ‘The good that I would do, I do not; but the evil which I would not, that I do.’ This is being helpless enough, it would seem to exculpate a man from the penalty of such omissions or commissions...It seems to be rather that the will is oftener right than the passions, but the passions are too strong for the will; yet when the passions get the victory, as they are very apt to do, according to St. Paul, some modern judges and doctors are disposed to attribute it to moral insanity, while it is simply and only human depravity (1858:320).

⁵⁶ John Perdue Gray was superintendent of the New York State Lunatic Asylum at Utica from 1854 to 1886 known for inventing the ‘Utica Crib’ which was a coffin-like cage used to contain patients.

Gray was not alone in furnishing religious arguments to oppose the use of the doctrine to exonerate the accused in courts of law. For “if moral insanity and irresponsibility may coexist with perfect mental health, then God’s moral government of the universe becomes impeachable as a despotism” (Ordonaux 1873:330). The general tendency of the doctrine to override Christian authority was viewed negatively given acquittals from criminal charges were due to moral insanity (Anonymous 1851b:285). First, from a religious perspective, “it tempts men to indulge in their strongest passions, under the false impression that God has so constituted them.” Second, moral delusions in themselves, it was contended, did not prove insanity nor could morbid desires or passions evince irresponsibility before the law (Anonymous 1857:352). Criticized for determinism and fatalism, legitimating moral insanity would give license to immoral indulgences contrary to middle class mores. This would threaten social and moral order and harmony.

Claiming that physiological constitutions were the cause of immoral conduct would destabilize conventional practices and discourses on moral responsibility. Gray considered the identification of moral insanity to be a dubious prospect for legal rulings because, as a medical classification, it was “too shadowy, fluctuating, indefinable, and disputable, to be firmly grasped by law” (1858:319), which was a common charge against its scientific validity. This was particularly so, according to Ordonaux because the clinical descriptions were all delineations of what common sense and enlightenment would refer to as simple depravity or sinfulness. What “learned divines and authoritative moralists have all agreed upon as constituting sin, the defenders of moral insanity term disease” (Ordonaux 1873:321).

Criticized for its considerable diagnostic complications and classificatory ambiguity, another physician similarly asks: “is there any conceivable state of moral pollution, perversion, or deprivation which this definition will not include and excuse? Is not such a doctrine startling to all who believe in the radical distinction between sin and holiness, virtue and vice?” (Anonymous 1857:349). To “call sin and depravity by the modern names of disease or moral insanity...[is] a gross delusion, born in the bosom of casuistry and nursed in the cradle of ignorance, as mere sophistry in fact for the special convenience of great moral outlaws” (Ordonaux 1873:330). Woodward, as early as 1838, stated that he found it peculiar that in practice moral insanity was recognized (demonstrated by the large numbers of morally insane in hospitals⁵⁷) yet still was a point of debate in psychiatric theory. The psychiatric field was internally divided on the scientificity of moral insanity.

Fears about legitimating a moral form of insanity pivoted on the strong possibility that it would be used as an “excuse” for vice if the doctrine was agreed to as medical fact. Accepting the doctrine into medical nomenclature would supposedly incite “bad education, loose habits, vicious indulgence, neglected parental control, and disobedience to God.” Moral chaos would be its eventuation (Gray 1858:321). Thus, for Gray, the real danger of applying the doctrine of moral insanity amounted to a fear that “such a phrase implied some scientific or psychological discovery to take the guilt out of sin, and convert crime to innocence” (1858:322). The doctrine would subvert all moral distinctions and thus “enervate and pollute

⁵⁷ In an annual medical report, Woodward (1838) claimed that at least one quarter of those committed to asylums under certified diagnoses of mania, were in fact cases of moral insanity. Despite the large numbers of texts on moral insanity none addressed or provided any statistical information on the population of the morally insane.

the public conscience" and "poison the fountains of public virtue" (Anonymous 1857:346). The prevailing concern was that diagnoses of moral insanity would result in moral pollution and contamination in the public and private spheres thus contributing to social chaos and disorder rather than controlling or constraining vice in the name moral purity, Godliness, and universal moral truths in Christendom.

Champions of the doctrine, however, used theological justifications in support of moral insanity as well. Unlike those who argued that moral insanity was actually sinfulness, Gilman (1841:15), for example, argued that moral insanity could be reconciled with the doctrine of moral accountability because the disease was thought to be visited upon those so afflicted by God's decision.

It comes from the same All-Wise, All-Powerful Source from whom all our religious knowledge comes, and therefore the one cannot be irreconcilable with the other...[S]uppose that it pleased Him for His all-wise purposes, to visit certain of His children with a malady which, depriving them of a moral sense, releases them from moral accountability. Shall we say He has done wrong? (Gilman 1841:15-16).

The argument of the Divine, as the all-powerful authority and creator of the human condition was marshalled to strategically elevate the medical diagnosis of moral disease. This tactic also served to represent the opposition as irreverent and heretical. Several decades later, an opponent responded to the "God tactic" and exclaimed: "It can never be other than blasphemous to assume that God in condemning sin did not know the difference between it and disease, and that He could commit the injustice of permitting that very sin to convert itself into a physical disease for the purpose of eluding punishment, at His hands or that of human tribunals" (Ordonaux 1873:319). Theological convictions within the debates were

thus arbitrarily mobilized in the attempt to secure respectful claims of a preternatural, indeed a higher power, beyond the control of humans. Mobilizing cosmological arguments was a tactic used to elevate “virtuous” scientific claims and prove that the deranged soul was ultimately the domain of God. Yet the struggle to deploy the ‘God tactic’ was advanced on both sides of the moral insanity divide.

6.6 Ungovernable Subjects: The Psychopath

Other objections to the doctrine involved charges that it subverted the doctrine of free will, and by extension, the cherished classical liberal discourses of moral responsibility, accountability, rationality and calculability - in short, the free agency of the subject. To some extent, the opposition to the doctrine of moral insanity was based upon the classical and scholastic view that people were cosmologically bound to each other through a legalistic agreement or social contract into which rational beings entered into for their personal interest and the ‘common good.’ The naturalistic principles of classical reasoning which stressed individual responsibility, free choice and rational calculation permeated the debates on moral insanity, particularly since, by definition, no defect of the rational intellect existed. The legal conviction that unlawful transgressions involved a process of rationally calculated choice through freedom was based upon the classical view of the English Utilitarians. From this framework, human nature was characterized by a rational free will that could calculate pain and pleasure thus holding the agent accountable for wrongful personal conduct. This legal and philosophical tenet was at odds with the doctrine’s position that moral insanity entailed no defect of the intellect or rational powers. The state prosecutor of Huntington’s trial exclaimed: “If a man knows that he is doing wrong, he is bound to refrain, and if he does not,

he is a fit subject for punishment, both from the law of God and the law of man" (cited in Gilman 1841:8-9). One major tension thus centred on the definition of insanity which was further complicated by disputes internal to the medical community.

The experts on moral insanity claimed that juridical authorities were relying upon an outdated and unenlightened conception of insanity. Legal experts resisted and continued to maintain that the definition of insanity must be based upon the irrationality or delusions of the subject. Lloyd responded that it was a peculiar occurrence to expect a "poor lunatic" to know right from wrong when sane men had been fighting each other for ages to decide the difference between the two (1887:679). Because, it was determined by a lesion or defect of the moral not intellectual faculty,⁵⁸ medical experts rebutted that moral insanity could not be diagnosed on the principle of irrationality.

Ray recommended that following the French judicial example could solve the solution to the problem of legal insanity. He suggested replacing all existing tests with an equivalent to the French Penal Code's straightforward principle that "there is no crime nor offence when the accused was in a state of madness at the time of the action" (cited in Maeder 1985:43). His contention that all those declared insane should be freed from responsibility for their conduct contributed to the long and heated debate (Dain 1994:422). Falret (1867b) also argued for the universal and absolute recognition that none of the insane

⁵⁸ Tuke was one psychiatrist who was willing to concede that the will was an intellectual power in order to have the doctrine accepted in courts of law. For example, he wrote that if the will was to be scientifically considered a volition under intellect then the law would admit the loss of control as sufficient proof of mental pathology; thus the same goal could be reached with the conventional presentment of moral insanity (1891a:100).

could be held responsible for their action before the law. The argument of non- culpability was countered with exasperated resistance: “in the gabble of medical science, irresponsibility is proved by the mere fact of extraordinary immorality” (Anonymous 1865:134). Ray argued that it was impossible to prevent all cases of misuse and abuse, and that this alone was not sufficient for discarding the doctrine of moral insanity: to “ignore and reject, utterly and forever, a plea, merely because it is occasionally abused, is a puerile folly” (Ray 1873:118).

Another clear objection against the doctrine was the difficulty of distinguishing it from sin and the problem of drawing a boundary between wilful vice and disease. The legal position was that moral insanity was necessarily either an instance of responsible depravity or ordinary insanity with intellectual defects. State prosecutors routinely challenged the defence of moral insanity on the grounds that the defendants knew right from wrong, and were therefore, not legally insane according to the legal principle of *non compos mentis*. This legal tenet, strictly based upon a Cartesian subject summarized by the idea of *cogito ergo sum*, the claim, ‘I think, therefore I am,’ presupposed consciousness as a condition of responsibility: only diseases affecting consciousness rendered the agent unfit as an object of punishment by law (Mayo 1853:63). This legal traditional view of insanity disqualified moral insanity outright. *Non compos mentis* is a term in law which designates the notion of the unfit mind or intellectual unsoundness. Such a conception did not correspond with the basic psychiatric tenet that the morally insane did not possess an intellectual deficit. The legal test of insanity was defined according to a rationalist-cognitive model. Moral insanity failed the test because moral depravity in itself, the opponents argued, did not constitute a mental

disease. Experts on moral insanity continued to retort by stating that to insist upon delusions of the intellect as a criterion for insanity was to neglect some of the gravest and “most dangerous forms of insanity...which neither illusions, delusions, hallucinations nor perversions of the intellect generally, are discoverable” (Bauduy 1879:282). The opponents similarly emphasized the possible dangers about public safety and individual responsibility: “if every man who excites a naturally brutal temperament by stimulants is to be considered an irresponsible agent, who is safe?” (Brodie 1854:382). The legal resistance along with the opposition of religious authorities represented a fear that the conversion of crime to mental disorder threatened to undermine the traditional criminal justice system which could result in the domination of psychiatry in society generally (Dain 1994:422.) In an outright dismissal of the doctrine, another expert claimed that unless “we are prepared to make an end of sin and guilt, it will not do to say the irrational impulses, desires, feelings, purposes, or acts, prove any such lack of understanding as destroys moral agency and accountability” (Anonymous 1857:349).

Medical and legal experts who made this argument were charged for collapsing reason/logic with moral judgments; knowing right from wrong was not based upon the correctness of the reasoning principle. The moral insanity experts claimed the pathology lay in state of the moral faculty: the legalistic intellectualization of an individual’s understanding of right and wrong overlooked the fact that many psychiatric patients knew right from wrong but could not morally regulate their conduct because of intractable passions which nullified all other considerations. Moral unfreedom marked the subject’s disorder. This meant, for those wary of the wide applicability of the designation, that

“an elaborate argument may easily be constructed, proving that the offspring of a prostitute and the thief, devoted to infamy by the one, and educated to crime by the other, is equally deficient in freedom of will with the homicidal maniac” (Mayo 1853:10). M’Naghten’s defence lawyer claimed that the accused was the victim of ungovernable impulses which stripped him of good character which meant he was not responsible for his conduct (Boland 1999:25). Charles Huntington who also used the moral insanity defence and lost (Brady and Bryan 1847), was psychiatrically documented as someone who “could not help it” thus if “the desire came upon him, he must and should do it” (Gilman 1857:5). This medical explanation outright challenged reigning moral conceptions of free will: “Are the drunkard, the glutton, the debauchee, excusable because they are impelled by violent appetites?” (Anonymous 1857:370). Instead, a pathological model of immorality was medically advanced.

The symptomological emphasis on ungovernability as a primary condition of moral insanity forcefully challenged and destabilized traditional morality that was rooted in principles of rationality, self-mastery, and agency in medicine and law. This is most strongly demonstrated in the “defence of irresistible impulse” which provided either a replacement for, or a supplement to, the cognitivist test of insanity embodied by the M’Naghten Rules (Boland 1999:23). In *Soundness of Mind* (1835) Prichard argued that “according to the well known laws of the animal economy, a sudden and often irresistible impulse is experienced to commit acts, which under a sane condition of mind would be accounted atrocious crime” (cited in Boland 1999:50). Instead of being a disorder of emotions as several contemporary

analyses claim,⁵⁹ by 1842, Prichard was convinced that moral insanity was “an affection of the will or voluntary powers [rather] than of affections.”

In this disorder the will is occasionally under the influence of an impulse, which suddenly drives the person affected to the perpetration of acts of the most revolting kind, to the commission of which he has no motive. The impulse is accompanied by consciousness but it is in some instances irresistible (cited in Smith 1981:39).

Even though the morally insane were conscious - they could rationally distinguish and understand right from wrong - they did not possess a healthy moral faculty necessary to govern their impulsive passions, which, most significantly according to psychiatric expertise, resulted in morally reprehensible social conduct. Even though these individuals knew social codes of morality *they could not govern their conduct accordingly due to a psychiatric disorder.* Conduct was thus the outward and visible sign of a morally deranged character: “it is not the defective state of the intelligence which attracts observation to the individual, but the abnormal conduct...that is absolutely necessary to defend society from” (Tuke 1891a:20).

Kiernan exclaimed that the test of rationality “may be valid in law but not science - the object of which is to determine what exists” (1884:569). Moral insanity became an antonym of virtue; the virtuality of the soul and character were thus identified, known, and regulated by its effects. Therefore moral insanity was a question of morally repulsive or unacceptable conduct rather than the classical definition that insanity meant the inability to reason correctly. Thus bad behaviour or “immoral conduct is the most striking feature” (Anonymous 1891:652). Another expert similarly argued that more emphasis was needed on

⁵⁹ See for example Smith (1981), Skultans (1979) and Berrios (1996; 1999).

disordered conduct which was “the true interest of insanity,” rather than disorders of the mind (Mercier cited in Benedikt 1894:596). Interior dispositions manifested through the actions or conduct of an individual and so should be studied and observed because the danger or peril of moral insanity in action was the most important threat to securing the safety of the social order (Bauduy 1879:270-1).

The novel medical claims that insanity was not necessarily based upon unreason resulted in the demands for more specific and encompassing definitions and symptoms of moral insanity. The expanding symptomological classification was therefore a response to the demands placed upon mad doctors by legal authorities and public demand. Determining the social limits and boundaries between the normal and the pathological was a response to pressures placed on the state of medical knowledge by the law courts thus served to produce a growing number of signs and symptoms of the mental disease. The demands of legal jurists resulted in the creation and multiplication of medical discourses dealing with and describing the symptoms of insanity (de Saussure 1946:37). By systematic attempts to find minute signs that might be symptomatic of a serious mental condition, physicians assigned a grave importance to the commission of counter-hegemonic conduct or morally dangerous behaviour, rather than thoughts or ideas.

6.8 Science and Theology

Discerning the difference between moral insanity and wilful vice was an obvious problem for psychiatrists, rendering the doctrine an open target for charges of ambiguity. Certain scientific guidelines and diagnostic techniques, it was argued, could *a priori* distinguish the morally insane from the merely wicked (including criminality). Each instance

of alleged insanity needed to be examined by a medical expert on a case-by-case basis: the practice of clinical observation was paramount. The legal aspiration to discover universal rules of insanity, it was argued, was not only unsuitable but, in practice, impossible. Tuke, for example, claimed that it was difficult to lay down absolute rules by which to differentiate moral depravity from moral insanity. "Each case must be decided in relation to the individual himself, his antecedents, education, surroundings, and social status, the nature of certain acts, and the mode in which they are performed, along with other circumstances fairly raising the suspicion that they are not under his control" (1892a:816).

Even stranger and more disturbing were those patients who knew right from wrong and derived pleasure from knowingly doing wrong, which demonstrated to experts the difficulty in drawing the line between moral depravity as a simple flaw of character and moral depravity resulting from disease (Cowles cited in Richardson 1881:571). Jelly, like Ray, admitted the difficulty in distinguishing disease from ordinary moral depravity but argued nonetheless that with thorough scientific study the difference could be revealed through "careful and patient investigation, and many interviews." The sets and clusters of different or vague symptoms was a serious problem for experts on all sides of the debate. The extremely vague and ambiguous diagnostic criteria can be seen in the following medical pronouncement provided by Richardson: "Moral wickedness will be shown by its ordinary characteristics, but in moral insanity the elements of change, disorder, and derangement will be found as in other forms of insanity" (1881:561). Yet others advocated against the project of creating any ontological division between moral insanity and ordinary vice due to the lack of scientific knowledge. Regarded as a "pseudo-psychological" or metaphysical problematic,

it was “futile to try to make abstract distinctions between moral insanity and depravity” (Lloyd cited in Kerlin 1887:402). In the 1840’s, Isaac Ray claimed that since science did not have an epistemological certainty about the precise relationship between insanity and a person’s failure to adhere to the dictates of social morality, doctors should refrain from using unscientific categories such as “vice.” Ray (1873) continued to argue that while this difficulty could not be completely ignored, or always be overcome in medical practice, the problem could usually be attributed to the lack of suitable opportunities for investigation and observation. It was a scientific failing to dismiss the problem simply because it was practically and philosophically difficult; with enough steadfast observation and study, clinical pathology would eventually overcome these difficulties (Falret 1867b).

Forbes Winslow, a member of the Royal College of Surgeons, took up the cause of moral insanity in his publication of *The Plea of Insanity in Criminal Cases* (1843). In this treatise, he wished to direct the attention of readers “to a disordered condition of the moral affections and propensities unaccompanied by any delusion of intellectual powers.” This was key in determining the absence of motive that could often distinguish the morally mad from the purely criminal. Listing symptoms of moral insanity as legal evidence, adherents of the doctrine increasingly itemized socially bizarre characteristics in order to provide a scientific demarcation between depravity and disease. This practice relied upon the idea of “motive absentia” as grounds for both diagnosing, and using the defence of moral insanity. The morally insane were interpreted as engaging in motiveless crimes and thus did not rationally calculate the execution of acts based upon self-interest (Bauduy 1879; Gilman 1841). This explains to some extent why some forms of criminal conduct such as murder, theft, and

arson were translated into moral insanity or homicidal mania, kleptomania, and incendiarism. A morally sane mother would not commit infanticide, it was reasoned, and individuals from respectable social stations had *no reason* to pilfer or steal, or possess an unconventional disregard for private property.⁶⁰ Subjects of moral insanity did not attempt to hide their crimes or evade detection; the public display of morally depraved conduct was enough to question their sanity. Moral insanity could thus also legitimate the social prosecution and stigmatization of acts of rebellion by “mentally sick” individuals.

Other cases could be distinguished from habitual criminals by their lack of conscience and social shame for transgressing social and moral codes of conduct. For example, those who would boast openly of being able to commit crime with impunity could be nothing other than morally insane (Falret 1867b). “Foolishness” also became a medical qualifier to differentiate vice from disease: “It is the meeting of folly with wickedness which distinguishes moral insanity from moral depravity” (Anonymous 1891:652). Ray contended, however, that the medico-legal demand to determine the exact condition of the intellect at the moment of criminal or otherwise abhorrent conduct was considered “utterly beyond our reach, and unnecessary in fact for any judicial purpose” (1873:103). Thus, psychiatrists came into direct conflict with established legal authority and protocol and dismissed legal convention as itself barbaric and uncivilized.

Psychiatric experts argued that a distinction between wilful versus involuntary vice

⁶⁰ In the criminal trial of Charles B. Huntington, accused of being a socialist and “believing that all property ought to be distributed equally” was diagnosed as ‘mad’ by two physicians who testified he was suffering from moral insanity (Anonymous 1857:373). Interestingly, his insanity plea failed, and a criminal conviction was rendered.

was possible on several grounds: clinical observation, assessing motive, the reluctance to conceal transgressions, and a lack of shame and remorse became prominent psychiatric qualifications for the diagnostic process. While the sweeping claim “[m]oral insanity is never moral depravity” (Bauduy 1879:274) was often made, clear difficulties were posed in arriving at such determinations. Clark (1895) defined wilful vice as simple badness or wickedness while moral disease was a result of degeneration. Thus the active and rationally calculated pursuit of vice for pleasure was presumed to be intelligible and distinct from physiological pathologies of moral self-control where an individual “could not help herself.” Clark argued that the primary distinction between moral insanity and “the vicious class of the sane” (including the congenital criminal), was the mode of causation. The latter was the outcome of a habit of viciousness formed by repetition, bad association, or congenital anomalies, whereas moral insanity was caused by “a change in nature superinduced and controlled by brain disease” (Clark 1895:124). As such, the medical expert was required to do a searching and dauntless inventory of the subject’s character, pedigree, and external circumstances upon which the absolution of criminal accountability ought to be based. The “uneducated” and “uninformed” analysis of character by state prosecutors was renounced by Hughes as a manipulative and corrupt legal strategy to bolster cases rather than to present the truth, something only experienced medical experts were capable of doing.

Certainly most proponents of the doctrine did not want to do away completely with conventional or popular conceptions of vice. It was necessary to bolster the status of scientific knowledge by positioning it alongside “common-sense” beliefs which would not only elevate the specialized knowledge of a growing medicine of the soul, it would also

allow traditional belief systems to maintain and reproduce themselves with a view to the social necessity of medical science. “On the one hand is moral depravity, deep and damning, whose extinction by the law the moral welfare of society, present and prospective, imperiously demand, while on the other is resistless disease, which merciful law, founded in the moral sense of all civilized mankind, pities and pardons” (Hughes 1881b:15). Only an “exhaustive investigation” of difficult cases could alleviate doubts as to whether the active principle is depravity or disease. This challenge was welcomed and embraced by Ray: “Science is full of difficulties, and the pleasure and dignity of its pursuits consist mainly in triumphing over them” (Ray 1873:109).

Proponents of the doctrine became increasingly incensed and agitated with legal experts’ “uneducated” opinion on insanity. Psychiatrists openly fought against legal experts. In a hostile response to lawyers who “sometimes read much more than they comprehend” Hughes writes:

In the annals of criminal jurisprudence is to be found a class of exceptionally desperate and immoral persons to whom lawyers, with crude and inexact notions of what constitutes true mental disease, are prone to apply the most extreme views of irresponsibility, seemingly forgetful or unmindful of the fact, that the intense display of the passions and emotions and extreme measures adopted in a rational manner to gratify them, may not be incompatible with a sound and responsible state of mind (1881b:16).

The increasing professional antagonism surrounding the accountability and culpability of the morally insane as depraved yet responsible agents led to an outright rejection of the authority of law. “As for the court decisions and the opinions of lawyers” exclaimed one alienist,

I allow them...no authority whatsoever. The question, as here considered, is

one of psychological medicine, it is not one of English or American law, and it does not recognize their fictions. Decisions are not law in medicine, and authority is only presumption (Bannister 1877:667).

Psychiatric challenges became commonplace in the efforts to stake out the boundaries of medical jurisdiction in the ‘unscientific courtroom’ where minds “guided more by legal acumen than enlightened by...present scientific status” were medically incompetent and not members of the ‘knowing’ circle (Bauduy 1879:280). “Physicians therefore should pass upon the plea of insanity - not lawyers or judges; the former studying the phenomena of insanity with patience and accuracy, while the latter are utterly ignorant of the necessary fundamental knowledge of the subject” (Bauduy 1879:279). Those most capable of judging disease were psychiatrists not those “mainly skilled in writing briefs” (Hughes 1881b:18). Hughes went so far as to suggest that juries composed solely of medical experts might best serve justice (1881b:19). The debate over the legal test of insanity was in essence founded upon epistemological distinctions over what constituted insanity particularly since “numerous cases of moral insanity are scientifically but not legally mad” (Tuke 1891b:66).

Moral insanity was a physical disease not easily discerned by a court or a jury, however enlightened in legal matters (Woodward 1844:248). Ray castigated the courts by satirizing a long-held legal dictum: “better that ten insane persons be convicted than that one sane person be acquitted on the ground of insanity” (1873:117). Casual medical observers and legal experts were neither fair nor adequate judges of what could or could not constitute moral insanity. “Instead of discoursing, like the lawyer or the judge, upon the abstract limits which divide reason from insanity, the expert will rest upon his own ground of medicine” (Falret 1867b:58).

[A]pplied science, is therefore entirely reduced to a question of diagnosis: general diagnosis, to establish a condition of mental alienation or insanity; and special diagnosis, to determine the species or particular variety of mental diseases to which the case in question belongs (Falret 1867b:58–9).

Since the disease was characterized by lucid intervals or marked remissions wherein moral liberty might be momentarily or periodically recovered, plausible identifications could only be determined by clinical knowledge and medical diagnosis (Falret 1867b). In *Journal de Medicine et de Chirurgie Practiques* (1882) Magnan outlined a case of moral insanity so as to “dispose of the cant that ‘moral insanity is unknown to medical science’” (Anonymous 1882:645). Through the onward march of progress, a diagnostic science combined with a thorough medical examination by enlightened physicians, Ray argued, would inevitably result in the doctrine of moral insanity being accepted as a medical fact. Through scientific advances, expert experience and knowledge, he demurred, it was unlikely that a criminal could succeed in passing himself off as insane (1873:118).

6.9 Conclusion

The gradual ‘civilizing’ of the legal system through humanitarian medical challenges increasingly came to accept pleas of insanity as a legitimate, if not precarious, legal defence. The argument that it was unjust and barbaric to subject to legal punishment a person whose volitional powers were impaired or destroyed due to insanity was also in alignment with the nineteenth-century philanthropic pursuits and social and moral purity movements intent on saving immoral souls through reformation rather than torture or death. Adherents of the doctrine contended that it would be as unjust to punish an individual for the state of his brain, as it would be to prosecute a victim of rheumatic fever who acted wrongly. Disease or

"organic criminal propensity being the legitimate heritage that vice transmits to the generations which spring from the loins of the vicious, is by the legal mind often indiscriminately transposed or they are commingled" (Hughes 1881b:16). Neglecting the disease of moral insanity, it was argued, was a grave social offence: it "wrongs the prisoner...outrages justice...and defames science before the people" (Hughes 1881b:18). Of course, a great deal of the conflict surrounding the doctrine of moral insanity and its relationship to criminal law was provoked by its inherent challenge to traditional social systems of (moral) authority.

Traditionally, law and religion held the upper hand in judging moral transgressors with medicine generally administering to the sick. With the emergence of moral insanity as a disease, the regulatory and evaluatory sphere was marked by a strong shift towards medical authorities increasingly voicing their expertise in matters of social and moral transgressions. Indeed, some medical experts who wished to uphold traditional authorities served to legitimate legal practices and state-sanctioned decisions, denying outright the validity of moral insanity both medically and as a defence. Others, however, were increasingly resisting a secondary role in the administration of justice and forcefully argued for due acknowledgement on the matter of human immoralities. Medical experts used the tactic and plea of "intervention" to rally for the support of diagnoses of moral insanity which would pre-emptively "anticipate the possibility" of criminal or otherwise morally dangerous conduct (Castel 1975; 1988).

The doctrine of moral insanity was, and continues to be, a profoundly controversial appellation in the social history of madness. Prichard, and later Pagan, Ray and Winslow

were “mapping cognitive territory that extended into areas of the human soul that medicine was only starting to claim as its rightful preserve” (Eigen 1995:118-9). That the moral mapping of the interior in unconventional medical and legal terms was greeted with resistance or even outright hostility is not surprising. Neither should we be surprised that a neat, teleological history of moral insanity did not unfold uncontested and without contradictions in the expert debates. The historical debates over moral insanity in the human sciences demonstrate that a unilinear or progressivist analysis so characteristic of traditional histories of psychiatry is insufficient to account for the multiple and often contradictory claims advanced within expert domains of knowledge.

Examining the contested nature of moral insanity within the human sciences arena demonstrates that the resistance prompted, organized, and escalated the movement to uncover a more exacting scientific discourse on morally ungovernable souls. This refinement effected several historically related changes in the cultural domain of madness, such as: 1) an elaboration of diagnostic techniques used to identify the presence of moral insanity, 2) scientific claims of ungovernability as a primary axis of moral disease, 3) a medical account for the fissure between knowing from acting and 4) a pathological model of disease which nullified, or at least seriously challenged, classical doctrines of free will and moral responsibility. These shifts in effect provided a culturally diffused regime for identifying those individuals increasingly viewed as one of the most dangerous and alien elements in the social body. At the same time, the contestations served to naturalize social and moral ungovernability as an abnormal condition that could be known with the proper application of scientific procedure and knowledge.

The doctrine of moral insanity was opposed for the following reasons. First, it threatened reigning religious conceptions of vice as sin. Second, it undermined the idea of free will by advancing a biological or physiological determinist model of moral derangement. Third, it was perceived to obstruct or evade the administration of justice particularly since it claimed, from an illness point of view, that the morally insane were not directly responsible or culpable for their dangerous conduct, and finally, it was feared that the doctrine would condone, and therefore encourage, immoral tendencies and promote public mischief and disorder.

It has been the contention of the dissertation that the debates are important to examine, not only because a significant portion of the texts on moral insanity addressed the problem of legalistic definitions and traditional conceptions of sin and insanity, but also because the premises intrinsic to the expert claims increasingly shaped and contributed to a growing “biopower,” or what Foucault referred to as the government over life or death. The debates on the medico-legal demarcations and definitions over the nature of moral insanity produced more avenues for psychiatric discourses in spite of seemingly irreconcilable differences. The heterogeneous, and often inconsistent or contradictory expert claims on moral insanity established, or at least augmented, the reigning ambiguity and claims about the scientific status of psychiatric discourses: the problematic distinctions between disease/depravity, responsibility/non-culpability, freedom/determinism, and the normal/pathological. Miller (1986) suggests that the shifting concepts of mental illness can best be understood as the social product of psychiatry’s own struggle for ascendancy as a science over the years.

Obvious difficulties arose in the efforts to mobilize moral insanity as a distinct psychiatric disorder. Yet, at the same time, those difficulties and contests, demonstrate the productivity of power whereby evermore psychiatric discourses were produced and advanced. Whether we accept the doctrine as “successful” or “failed,” one cannot ignore its historical impact on social understandings of *a medically identified immoral subject of modernity*. Through its contested relationship to and engagement with opposing psychiatric discourses on insanity and legal conventions, moral insanity produced a novel deployment of medical knowledge within law and culture more generally. These debates demonstrate that the monolithic medical designation “insanity” of previous centuries was no longer accepted as mere ‘fact’ but, due to paradigmatic shifts prompted by the doctrine, could cast an ever-expanding net over socially problematic behaviour.

The contest over moral ungovernability, excessive passions, and the rational subject occupied a basic position in the epistemological politics of psychiatric knowledge which would come to influence everyday life, particularly the moral governance of others and the self in late modernity. The example of the moral insanity debate demonstrates the historical battle of the ‘psy’ disciplines’ attempts to secure hegemony over the knowledge of the nature of the soul; through this battle moral insanity became located in the history of madness as a biological form of ‘moral unfreedom’ requiring medical attention and social intervention for “the greater good.” Psychiatric discourses disrupted the internal coherence of accepted legal norms and standards of insanity and challenged the taken-for-granted understanding of rationalist definitions of moral nature, moral responsibility and human freedom; they also challenged traditional conceptions of vice as responsible sin through the production of a

disease model of immorality where ungovernable souls came to be seen as victims of their biological constitution or physiology. To this we shall now turn.

CHAPTER SEVEN: FROM SINNERS TO DEGENERATES: MAKING THE SOUL MATTER

The Degenerate's Prayer

But Thou, O Lord, knowest that we are the tainted offspring of forefathers beggared in their bodies by luxury and riotous living, and of fathers who sapped their manhood in vice... (cited in Wilson 1910:368)

The soul, being human, and partly material, may become diseased both mentally and morally (Campbell 1884:237).

The physiological is an inspirited morality... (Jordan 1890:104)

The human soul remains as great and noble, as precious and holy, as it ever was. This wonderful organism... is the highest and grandest phenomena of nature upon earth; and the moral aim of constantly improving and elevating the soul of man is rather helped than hindered by the new insight gathered through psychological investigation (Carus 1900:435).

One of the most significant ways in which the medicalization of morality surfaced was the growing conviction that all human and social problems could be understood through the proper application of science. As such, concerns surrounding morally degenerate souls became a problem for the human sciences whereby the moral nature of the human underwent a scientific process of medicalization and pathologization. However, while social historians have examined the history of formalized morality *within* medicine as a concern with the rise of professional ethics (c.f. Baker, Porter and Porter 1993; Shelp 1985) there has been very little critical historical attention directed at the ways in which medicine codified and embodied im/morality through scientific discourses. This requires an historical understanding of morality that moved from theological or metaphysical conceptions to a scientific one that viewed morality as a property of the body. Morality thus needed to be materialized within scientific frameworks. The materialization of the soul and immorality was pivotal in

sustaining the doctrine of moral insanity as a medical scientific discourse so that a tangible pathology and aetiology could be established. Therefore particular attention will be placed on the relationship between discourses of the soul and discourses of immorality within the context of scientific narratives which were mobilized to provide evidence that moral insanity was the result of biological as well as inherited corporeal constitutions.

In order to understand the pathologization of immorality, attention must be placed upon an understanding of the soul as providing the substance and directive for the production of moral insanity. Such understandings, I argue, were based on attempts to govern the population through a hybrid knowledge: a scientific knowledge that maintained Christian values and rule by administering the expert remedy of medicine to the morally ruined. One of the main ‘solutions’ to the dilemma of the soul as a material reality was the application of biological theories of human difference whereby the dangerous classes were categorized as naturally morally inferior due to inherited corporeal constitutions. This helped to advance the idea that a material, objective criterion could scientifically differentiate human groups. However, it also justified a moral apartheid and even elimination of those dangerous classes that threatened the health and safety of the nation. Understood as a form of moral imperialism, moral insanity also contributed to the social Darwinist perspective that claimed that social hierarchies were the biological product of evolutionary forces rooted in ‘natural’ selection.

The first section examines how nineteenth-century psychiatry established itself as a ‘medicine of the soul.’ It argues and demonstrates that the proponents of the doctrine advanced a ‘thin’ version of materialism that could account for the soul and immoral

conduct as a material reality of bodies. It therefore provides an understanding of how medicine reconciled a notion of the soul within a psychiatric paradigm.⁶¹ The immoral soul of psychiatry is addressed in the second section by investigating the scientific theory of progressive degeneration as it was mobilized as a ‘principle of causation.’ The appropriation of evolutionary approaches made a particularly strong mark on the psychiatric category of moral insanity. The scientific narratives of moral degeneration, the chapter thus argues, scientifically justified dividing practices by pathologizing vice as a practical concern of disordered bodies. The chapter claims that in order to understand the psychiatric constitution of moral pathology the immoral soul needed to be approached rationally and scientifically which hinged upon a corporeal moral materialism. Following Foucault’s argument that dominant discourses or bodies of knowledge that are prevalent in any particular context serve to shape the understandings of different ‘types’ of subjects, evolutionary thought assisted in the constitution of the morally insane subject whereby psychiatry became “the science of the soul” (Campbell 1884:51). Particular attention will be placed on the theory of hereditary degeneration as a prominent hypothesis in the production of moral insanity. The implications of the psychiatric contention that vice could be transmitted by a germ, which necessitated social confinement and physical removal of the morally insane from their communities, will also be examined.

7.2 From Moral Theology to Moral Materialism

The antagonism between science and religion was somewhat reconciled in the

⁶¹ Attention has been placed upon the ways in which the soul was explicitly conceptualized and addressed within historical psychiatric discourses.

nineteenth-century through the endorsement or implicit support of theological morality by the medical profession at large. This can be witnessed in the nineteenth century attempts to institute a moral science or theological science through moral philosophy, statistics, biology, anatomy and sociology. The resolution occurred in two primary ways: first, by the use of scientific knowledge to support Christian morality as the basis for both the natural moral social order and individual character; and second, to explain the moral constitution of the soul through a materialist medical science. The discovery of scientific facts were integral in accomplishing the great work of man's deliverance from the evils that constantly beset his pathway... When a man can fully comprehend the fact that most, if not all, the so-called 'sins' of life are due to the manner of physical construction; that the various appetites and passions which have been the cause of so much sorrow in the world (Williamson 1898:12-13).

Psychiatry, as a science of morals and a medicine of the soul, could thus deliver 'man' from evil and wickedness.

One of the goals of nineteenth-century psychiatry, then, was to scientifically legitimate the professional enterprise of extending theological concerns surrounding character, vice and passions in ways that could explain the nature of immoral souls with scientific paradigms. This meant that moral derangement was no longer seen strictly as sinful but rather as a medical condition which needed to be assessed and treated. Physicians, Moreau argued, did not "intend to exculpate the miserable beings addicted to the base vice; we would have them to be considered not as true malefactors, but as diseased persons" (1884:369). As such, a significant transition emerged in Western medicine. Corrupt(ed) souls were theorized as suffering from a moral pathology which was understood as a form of disease or degeneration rooted in a defective corporeality rather than a product of sin due to

evil supernatural forces of temptation.

The tensions between the transcendental and the material were somewhat alleviated in the nineteenth-century by the endorsement of theological morality on the part of psychiatric experts who paid homage to both Christianity and science. Insisting that the Supreme Being never acted in an incommensurable manner with the systems of the universe, an army of Enlightenment thinkers, wanted to protect the Christian faith against the atheistic forms of scientific materialism in medicine (Robinson 1996:141). Modern psychiatry, many scientists believed, could preserve the tenets of Christianity through the onward march of progress. Medicine could illuminate metaphysical truths by discovering the scientific laws of human nature. Carus declared that, the advent of psychology signalled the “progress of the science of the soul” because the laws of moral nature that was once believed to be preternatural in origin could be demonstrated and based upon a strictly scientific foundation (1900:427-8). The psychiatric preoccupation with the health of the soul included scientific efforts to transcend ideal religious dogmas while still proffering an incontrovertible moral standard, but one which was clearly moving in the same direction as the growing cultural authority of science and medicine.⁶²

To demonstrate how a materialist⁶³ science of the soul emerged and came to dominate

⁶² Claiming that science lacked a text which systematically addressed the problem of the human soul in its ethical, religious and philosophic aspects, Carus (1900) sets out to provide such a treatise. It was an effort to provide a synthetic presentation of psychological facts in relation to physiology, anatomy and religion.

⁶³ This corresponds to the historical emergence of individualizing soul-body pathologies in psychiatric medicine through “physicalist doctrines” as a form of biological determinism. Psychiatric materialism is understood here as those scientific discourses, such as cerebral pathology, physiognomy, neurophysiology or phrenology, which held that the abnormal nature of the soul or mind, is the direct result from a morbid condition of the brain, the nervous system, and the like.

psychiatric discourses, an examination of debates on materialism within the context of medicine will be necessary. One of the ways psychological medicine or psy complex endeavoured to become a medical science of morality was by recombining theological conceptions of the soul with scientific principles and dicta based upon philosophical foundations which were often at odds with another.

One of the major debates in nineteenth-century psychiatry was the opposition between idealists and materialists that reflected wider philosophical debates over transcendentalism and empiricism. The transcendental idealists claimed that natural science could not provide a complete picture of the world - it could not have the last word - whereas the empirical materialists took the position that science and scientific fact was the only truth (Rorty 1982). The idealists focused on the spirit while the materialists concerned themselves with the corporeal but neither dispensed with the notion of the soul and morality. Theories on the moral nature of the soul or interior underwent a process of secularization through science in order to fit within the reigning scientific standards of the day. This might be best understood as an attempt by scientists to de-moralize or neutralize a discourse, which was undeniably moralistic in content. In this way we can understand how the soul or the interior became objectified by materialist discourses in psychiatry while retaining a distinct Christian flavour and complementary social ordering.

By the middle of the nineteenth-century, different forms of materialist approaches to studying the interior emerged. While some denied the existence of the soul by replacing the term with the mind, many physicians were of the opinion that the soul and the mind were an interchangeable essence (Ribot 1906:3). The "soul or spirit are only other names for the

mind" (Williamson 1898:26). Thus the mind or the human soul, likened to a type of consciousness, was conceived as something more than mere intellect (Workman 1883:336) and was mobilized within the context of moral insanity as a definitive human essence with an indisputable moral dimension. The inner space of the body or the soul was literally the subject matter of moral insanity, which required a materialist approach to moral madness in order to qualify as scientific.

Prichard's theoretical position contributed to a material medicine of the soul by harmonizing moral dilemmas and human transgressions with scientific and anthropological principles within his medical paradigm. Morality, he believed, was expressive of the soul. The scientific concern with the soul allowed Prichard to refute the strict materialist physiologists' approach to insanity and instead allowed him to present an organic holism between body and soul or what I refer to as a 'thin' version of materialism. One of his main scientific endeavours was to prove that *the Scriptures provided a true account of the natural history of man*. His attempts to reconcile scientific with religious truths can be most readily observed in his zealous opposition to the growing scientific materialism. Prichard advocated a relational theory between the realm of the soul and that of the body such that the "affections of the soul" or "immaterial principle...in the instance of the passions, [were] the primary operations of the mind react[ing] upon the body" (1833:30-31). This "Christian science of man" (Augstein 1999: xv) or dualism was based upon his view that the soul was the supreme province of the Divine with the body belonging to the realm of man, science, and nature. The former informed his approach and was paramount. In all his work, however, Prichard advanced the notion that men had the duty to heed the dictates of the invisible moral part of

their cosmos (Augstein 1999:xi-xiv).

As the previous chapter demonstrated, nineteenth-century psychiatry was plagued with epistemological debates over the nature of moral madness. These debates were further complicated by attempts to scientifically account for immoral souls within the framework of the body. This is seen most notably in Nacke's somatic theory of the psyche and Heinroth's theological psychology of the soul. Some physicians argued that mental disease was the product of, and even a form of divine punishment for, sin. Heinroth is the medical expert who perhaps most embodied this 'scientific' approach to madness. The sole prophylaxis of mental illness for Heinroth was an unshakeable Christian faith and prayer. Somatic theories of the soul or a thin version of materialism differed from a strict materialist approach because they could speak to both the material and spiritual dimensions of the subject, whereas the latter perspective dispensed with a notion of the cosmological nature of the interior which was referred to as atheist in principle. "The somatic theory of insanity does not imply materialism; it would be truly unfortunate if we had to accept any doctrine involving the conclusion that the immaterial immortal part of our natures could suffer disease apart" from the body (Bannister 1877:655).

Within the realm of the human sciences, some viewed the strict materialist doctrines as subversive to the mind or soul (Haven 1862; Porter 1868; Anonymous 1857; Wigan 1844). Biological materialism, it was feared, would destroy the cultural institution of Christianity thus making some medico-scientists nervous about the future prospects of their profession, particularly its implications for gaining wider social acceptance from the respectable classes. This prompted some to reject materialist science outright on theological

principles. For example, Paine remarked, “the bold materialism of our age is, in no small degree, the parent of the greater evils” (1849:7). While some physicians rejected the doctrine due to its materializing tendencies of what they considered to be sin rather than disease, others maintained philosophical tenets of materialism but modified and recombined them in novel ways in order to keep the soul within the grasps of empirical science. Most often, the debates were framed in psychological (soul) and physiological (body) terms. The disagreement usually laid in determining the primacy of one over the other, while some argued for an ontological parallelism where the “immaterial and material being [are] indissolubly bound together” wherein the soul was distinct yet united with the corporeal (Mayo 1853:25). Thus, the physicians of the soul struck a position somewhere between a strict materialism, which denied the existence of the soul - and by definition the role of the Divine in human structure and constitution - and transcendental idealism, which lacked scientific rigor and empirical foundations. Instead, moral insanity can be understood as founded upon a “materialism of the incorporeal”: a thin version of materialism that could still pay homage to the theological existence of the soul while maintaining that moral nature could be scientifically accounted for in physiological frameworks. Carus explained, if physicians acknowledged the immanence of the Divine in all human matter, “Science is not, as is so often claimed, materialistic” (1900:381).

Materialism and atheism were watchwords of pre-1789 French thought and smacked of modern heresy, if not outright anti-Christian sentiment. Materialism was the philosophical perspective that explained all things from the starting point of matter and thus making the claim that material existence was the only reality. This created a scientific struggle within

psychiatric discourses given that the fundamental subject matter of psychiatry was the immaterial soul or interior life of the human, a non-empirical object. Another clear problem was reconciling the immortal soul, a gift from God with a respectable science. Arguing expressly against the doctrine of pure materialism so as to “enlarge and strengthen our conceptions of Creative Power, of our dependence upon that Power, and of our moral and religious responsibilities” Paine rejected a strict version of materialism such as “the chemical philosophy of organic life” particularly on the grounds that such a science was equivalent to denying the existence and power of God. The result of this, he exclaimed was that with “one dreadful plunge” medicine would be thrown into a “vortex of atheism” (1849:vii-ix, x). Instead the soul was approached as a substance, a kind of ethereal and pure matter, but one that was embodied and inextricably connected with a universal cosmos. “Materialism overlooks the importance of the spiritual and does not consider it as a reality worthwhile troubling about. Spirit is, so materialists claim, an occasional function of matter only.” Rather, “the spiritual animates every particle of matter and appears in its most beautiful and grandest development in the human soul” (Carus 1900:381-2, 385). Materializing the spirit or the soul first as a substance like matter, and second as a theological entity, solved the dilemma of treating the pathologies of souls in atheistic terms. “[M]aterialism, in its proper acception, and the question of the materiality of the soul, are distinct from each other, since the former denies the existence of the soul as a substantive agent” (Paine 1854:146). Materialist doctrines which held that the soul was merely an extension or function of the brain were considered “deeply degrading and only secondary to that of pure materialism” (Paine 1854:148). This ‘scientific spiritualism’ was integral to the creation of the doctrine of

moral insanity because it legitimated the Anglican doctrines that attempted to reconcile profit and virtue.

The dominant conceptualization of moral insanity was one that emphasized instead the thin version of materialism which retained a place for the soul within medicine without compromising the realm of the immaterial and invisible. In this sense individuals came to be paradoxically conceived as a compound organism of spirit and body in psychiatry in which the soul was captured through “a materialism of the incorporeal.” This approach combined the nature of the soul with the physiological nature of the corporeal. Those physicians who upheld transcendental idealist perspectives rejected the doctrine and did so due to religious convictions viewing any form of materialism as heretical: “materializing atheists” were akin to blasphemers (Anonymous 1857:348). Materialism “swaddled in sciolism” (Ordoneaux 1873) degraded man to “brute matter” and denied the existence of the soul as a distinct entity under the jurisdiction of the Creator who was the supreme authority on all human matters. As the previous chapter outlined, vocal opponents of the doctrine argued that the morally insane were not diseased but depraved sinners. Arguing against the justification of moral transgressions on the grounds of science all materialist theories of the soul were eschewed by a small handful of experts as heretical biological determinism. “All systems of materialism, by a logical necessity, attribute moral aberration to physical derangement, and make light of guilt and retribution” (Anonymous 1857: 353). Ordoneaux stated “The only disease to which the moral nature is subject” to, he wrote, “is sin” (1873:25). Elwell (1883) expressed a similar concern targeting his materialist colleagues in Germany such as von Feuchtersleben and Gauster: the “class of modern German pagans, who are trying with what help they can

get in America to break down all the safeguards of our Christian civilization, by destroying, if possible, all grounds of human responsibility" (cited in McCord and McCord 1964:25). With respect to morals, Ordonaux claimed that medicine was collateral and subordinate. He argued against a materialist position by asserting that moral nature was not produced or evolved by any process of organic chemistry and had no physical necessity for its existence because all things are matters created by the Divine. The moral faculty thus transcended all physical corporeal connections for this opponent to moral insanity. The soul and morality did not derive their existence from matter in and of itself but the Holy Spirit. While the intellect or mind was restricted by the physical state of a finite life "the soul has no such restriction placed upon it" (Ordonaux 1873:318). Moral nature "craves no rest, because it needs none: it never sleeps voluntarily, but only through the narcotizing influences of sin, expressing itself in self-indulgence. The only disease to which the moral nature is subject is SIN. This is the Alpha and Omega of all moral disease, and the key to the problem of moral insanity" (Ordonaux 1873:319; emphasis in original). As such, Dr. Ordonaux and his allies pronounced that the doctrine should be condemned because of its outright blasphemous claims (1873:319).

Paine's thin version of materialism outlined not only the characteristics of the soul in its moral and physiological aspects, but the importance of this knowledge in the practical pursuits of procuring wider moral and social hygiene. The medical study of human pathology offered "reliable evidence of the existence of the soul as an independent, self-acting, immortal, and spiritual essence" (1849:vi). Physiology was by scientific necessity related to incorporeal existence: "so intangible, invisible an existence as the soul of man" (Paine

1849:2) connoting the alliance between the mind and the Divine in all medical problems.

For the strict materialists, the problem with conceiving consciousness as an object of medical study was that it was “coincident with the soul of man; again, something immaterial, subjective” (Lloyd 1887:673). Thus consciousness was too readily identified with the essence or quality of the soul for strict materialists such as the cerebral pathologists, Bannister and Lloyd. Otherwise psychiatry would be a “bad metaphysics” based upon an impossible science of the soul or “materialistic theology” when, in fact Lloyd argued that psychiatry was “the science of a diseased cerebrum” (1887:673, 683). Within this framework, immorality was regarded as the cause of one material substance - the brain. Understanding the physiology of the brain was the only scientific means of providing solid information on insanity. “The brain may truly be said to be the seat of the regulative force of all the phenomena of the mind, of the emotions, intellectual acts, and volitional manifestations” (Bauduy 1879:261). According to the strictly materialist psychiatrists, insanity was unquestionably a disease of the brain. Yet most psychiatrists on moral insanity followed the position summed up by von Feuchtersleben: “The foundations of medical psychology...are philosophy and physiology, which treat, the former of the spirit, the latter of the organism, while the subject of medical psychology is the relation of each to the other” (1847:18).

Prichard’s position was also influenced in large part by the “common-sense” philosophy of the Scottish moralists, most notably, Thomas Reid and Dugald Stewart (Augstein 1996; Augstein 1999; Dain and Carlson 1962; Wilson 1995) and also by the doctrines expressed in Thomas Hancock’s *Essay on Instinct and Its Physical and Moral Relations* (1824). Hancock’s theories emancipated the instincts from their “brutish nature”

and argued that they belonged to that part of the constitution of which both humans and animals were not consciously aware. He outlined a philosophy of the moral sense which first dissociated morality from reason, and then attempted to show that the moral sense was an innate characteristic of human being. Whether or not it developed was contingent on the external environment but ontologically and metaphysically, as a God-Given gift. The conscience, the moral faculty, and the Divine Principle of Truth were interchangeable expressions for the “Spirit of God in the Soul.” Following Hancock, Prichard emphasized the significance of madness as a phenomenon of the body’s essential make-up (Augstein 1999:31-33). Dividing the fundamental faculties into intellectual and moral powers, Prichard designated the moral faculty and will as the controlling influence on consciousness, which was embodied in the soul of man. Man as a being was conceived as dualistic in nature. Both matter/body and spirit/soul occupied a position in the larger spiritual cosmology. Prichard advanced a materialist notion of soul and God; because God created the world he left its governance to the laws of nature (Wilson 1995:152). The moral government of God could be established through science. Science would uphold the moral teachings found in the Scriptures, acting as the natural and objective moral governor of humanity. There “is but one law, and that will stand forever; that invariable, immutable irrevocable law, the breathing of the Infinite mind through all nature” (Williamson 1898:72). The authority of Divine law through science, however, was not merely viewed as a means of refining religious doctrines. The advent of science and its enlightening practices were *inter alia* considered a bestowment from God: “The ignorant and superstitious element among men, which has by far embraced the larger proportion of humanity, ought to thank God most heartily for the gift of science to

the world" Williamson 1898:52). Many psychiatrists who embraced the doctrine were convinced that the 'Godly' foundations for social and moral progress lay in the acquisition of material, empirical knowledge about the soul.

7.3 Degeneration and Moral Insanity

One of the main scientific narratives for explaining the cause and effects of moral insanity was the theory of progressive heredity degeneration. Several leading experts on moral insanity, such as Hayes, Hughes, Kiernan, Kitching, Krafft-Ebing, Maudsley, Prichard, Ray, Talbot, Tuke, Savage, Skae and Yellowlees accepted and employed Morel's scientific principles of heredity and degeneration. In a period when science was increasingly putting forth methodical attempts to determine the laws of heredity, B.A. Morel advanced the doctrine of progressive hereditary degeneration.⁶⁴ In the second half of the nineteenth-century, theories of heredity became a prominent discourse not only in medicine and psychiatry but also in anthropology, social purity movements, sociology and criminology. The notion of degeneracy, first introduced into science in the 1840s, was a science of hereditary mental and moral pathology. Morel, a devout Catholic, viewed the stigmata of degeneration as "a fall from grace" due to the use of various "poisons" such as hashish, alcohol, opium, amongst others, resulting in a progressive moral and physical deterioration (Bynum 1984; Rosenberg 1974; Ackerknecht 1965). The experiences of opium and hashish

⁶⁴ Morel's treatise was never translated out of the original; nonetheless, his theory of progressive hereditary degeneration had a forceful impact and influence on Western European and North American medicine. Nye (1984:123) argues that it was primarily Valentin Magnan, not Morel, who was responsible for first constructing organic theories of degeneration to account for mental illness. While this account is highly plausible, the majority of experts on moral insanity, nonetheless, tended towards citing Morel as a point of reference for substantiating the scientific claim that moral insanity could be inherited.

"intoxication" were likened to the interior state of moral insanity (Bannister 1877:657).

Ordonaux exclaimed that the morally insane who were really sinners, "[l]ike hashish-crazed Malay...run amok and tilt at all they meet" (1873:325).

While it was in vogue by mid-century, the degeneration hypothesis most forcefully made its mark by the 1870's (Dain and Carlson 1962; Taylor and Shuttleworth 1998), and was supported and used with authoritative regularity well through to the early twentieth century (Bynum 1984:63). Morel's theory of degeneration was also commonly employed to explain the condition and aetiology of moral insanity and why the same virtues or vices were found within one family. The 'natural evidence' of heredity served to establish a genealogical corporeal textuality of moral abnormalities. Rush earlier observed that moral qualities could be hereditary: "we often find virtues and vice as peculiar to families" (1839:3). Concerned with the growing social unrest and dangers posed by vice in urban centers, Morel approved of Prichard's view of moral insanity, and provided this scientific theory and hypothesis to explain its occurrence.

Most experts on moral insanity followed Herbert Spencer's evolutionary approach to understanding social progress and morality. In 1852 Spencer exclaimed in a personal letter: "Until you have got a true theory of humanity, you cannot interpret history; and when you have got a true theory of humanity, *you do not want history*" (cited in Holmwood and O'Malley 2003:42; emphasis in original). Such a theory of humanity, he argued, was to be found in observable facts and the general laws of life. Human evolution (biological, moral, psychological and social) was a dual evolutionary process in which Lamarckian and Darwinian mechanisms worked hierarchically to achieve complex 'development' (Holmwood

and O’Malley 2003:42). Tuke argued that the doctrine was consistent with Spencer’s position on mental evolution and that “the eminent thinker unquestionably supported the authenticity of moral insanity” (1891a:21). Spencer theorized that natural selection was the primary mechanism at lower levels of complexity and that habit or Lamarckian processes were supreme at higher stages of development. While he was explicit that social evolution needed to be understood as a process in its own right, that is, distinct from organic or biological evolution, Spencer found that Lamarckism or the “inheritance of functionally-produced modifications” was an adequate explanation of social differences (Holmwood and O’Malley 2003:52).

Maudsley, Tuke and others postulated that because the moral faculty was the last to evolve and the most sophisticated, complex human capacity, it was also the most vulnerable to deterioration or failure. Higher moral feelings were thought to be acquired gradually by cultivation passed between generations; its loss being “the most striking symptom of insanity caused by self-abuse” (Maudsley 1868:155). Because the higher levels of cerebral development were treated as the locus of moral control and moral reasoning, the lack of self-governance was deemed to be the result of a “lower level of evolution” (Tuke 1891a:21-22; 1892:815-16). Moral insanity was thus conceived as a disease of civilized peoples because morality, hailed as the highest accomplishment of ‘civilization’ and ‘progress,’ was accordingly not to be found among ‘savage’ races and classes (Dexter 1874; Knox 1850; Lombroso 1886, 1893; Lydston and Talbot 1891; Mason 1888; Redfield 1866; Talbot 1898) (Figures 7.1, 7.2, 7.3, 7.4, 7.5). “The region of moral feeling which, representing the highest reach of evolution, is the consummate inflorescence of human culture - that will be the first

to exhibit signs of impairment: the latest and highest product of social evolution, that which, latest organized, is least stable, will be the first to undergo dissolution" (Maudsley 1884:243). The development of moral powers and sentiments was an achievement solely of the 'superior' white races. Maudsley summarizes this process: "As it is chiefly in the degeneration of the social sentiments that the symptoms of moral insanity declare themselves, it is plain that the most typical forms of the disease can only be met with in those who have had some social cultivation" (1867:313). Therefore, at an "earlier period in the development of the race, his undeveloped moral nature would not, in a sense, have constituted lunacy" (Anonymous 1891a:99). Cultivation of the self was seen as a powerful marker of the moral character. The desire to attain moral status through self-reformation was a project all individuals, if biologically suited, could strive towards obtaining with the proper guidance and lessons in etiquette and proper social form. Civility or cultivated character helped buffer the charges made against the *nouveau riche* who were often viewed as 'vulgar' and 'offensive' to the inherited wealthy of old society (Thurtle 2002).

The understanding of moral insanity was thus profoundly influenced by evolutionary thought that proliferated in many forms over its historical career. However, it was not only the evolutionism of Darwin, but also the Lamarckian version that was most influential in the debates around moral insanity and degeneracy. Holmwood and O'Malley make the important distinction between Lamarck's and Darwin's theories of evolution:

Lamarckian evolution describes a process of physiological adjustment to changing environmental conditions through habits shaping physical structures that could be inherited by offspring. Darwinian evolution encompasses blind inheritable variation which is selected due to the greater fitness it confers on its possessors... (2003:52).

It is also important to note that selection in this context does not mean ‘choosing’ as a purposeful human choice (Holmwood and O’Malley 2003:52). Moral characteristics of the parents were passed on to offspring through the social environment where the moral defect was acquired. In his later work, Darwin also became more Lamarckian in his claim that environmental factors played a key role in heredity (Taylor and Shuttleworth 1998:287). The inability to govern oneself was routinely linked to parental vice and immoral character: an “incurable moral imbecile was the son of a man of most abandoned character, who in his paroxysms of drunkenness was a savage...[t]he boy’s conception, birth, and childhood - his whole history - had been laid in physical disorder, fright and dissoluteness” (Kerlin 1887:396). Morel argued that mental and moral maladies became aggravated from one generation to another, and that moral degeneracy was more often than not, recognizable in children of the insane. Moral insanity signalled a Lamarckian shift in explaining familial resemblances by the observation of cultural practices. Lamarck posited the evolutionary mechanism as the transmission of culturally acquired moral and physical characteristics between generations. In this version, evolutionism was compatible with the doctrine that the sins of the fathers were visited upon their progeny. Degeneration theory expressed the growing fears concerning the primitive within civilization and the potential dangers of evolution descending into an uncontrollable and regressive movement (Dollimore 1996). Smith demonstrates how the concern with “a loss of inhibition” permeated nineteenth-century medicine and the development of socio-evolutionary theories of social order and human difference which also naturalized socially constituted hierarchies. Framing

'inhibition' as a medical concept both legitimated and reinforced the belief in inherited traits, conduct patterns, and structured social positions of class, race and gender which "reinterpreted human evil - aggression, lust, stupidity - as the unavoidable consequences of an animal descent" (Smith 1992:174).

Karl Marx also admired Darwin's work and in 1860 wrote to Friedrich Engels exclaiming that *The Origins* contained "the natural-history basis for our view" (cited in McLellan 1973:423). The tract represented an achievement of modern scientific progress because it disposed of religious teleology. Two years later, however, Marx held a different view, one more clearly attuned to the manipulation of social hierarchies by non-social scientific theories of human progress and development.

It is remarkable how Darwin recognizes among beasts and plants his English society with its division of labour, competition, opening up of new markets, 'inventions,' and the Malthusian 'struggle for existence.' It is Hobbes' 'bellum omnium contra omnes,' and one is reminded of Hegel's phenomenology, where civil society is described as a 'spiritual animal kingdom,' while in Darwin the animal kingdom figures as civil society.

By 1866 Marx was even more critical of scientific theories of social evolution, this time writing to Engels that "in Darwin progress is merely accidental" yielding little on the "connection between history and politics." According to Marx, those who subsumed history under the Darwinian "struggle for survival" themselves suffered from "feebleness of thought" (cited in McLellan 1973:423).⁶⁵

⁶⁵ According to McLellan, Engels' famous speech at Marx's graveside which equated the views of both men is highly misleading. The sole time Marx drew a parallel between himself and Darwin was in a satirical review of his own work in the Stuttgart newspaper *Der Beobachter*. Marx wanted to dedicate the second volume of *Das Kapital* to Darwin who declined the honour because he had the impression that the text was overtly atheistic which would mar his family (McLellan 1973:423-4).

The growing scientific assumption that degeneration was a marked departure from the ‘normal type’ tending rapidly towards extinction medicalized a notion of “the fall of man from grace” in which the progeny of degenerates presented a progressive deterioration morally (and otherwise). Such assumptions generated hypotheses that any subaltern or ‘undesirable’ social groups such as prostitutes, criminals, paupers, gypsies and revolutionaries, were morally defective thus signifying a regression or retrogression in human evolution as pathologic anthropological types. In alignment with the growing recognition that the intelligent and the witty character could also be morally insane, Nordau cautioned that degenerates were not, however, “always criminals, prostitutes, anarchists, and pronounced lunatics; they are often authors and artists...who satisfy their unhealthy impulses,” specifically fingering out and denouncing the work of Nietzsche as an example of moral degeneration (1898:vii). An anarchist “showed himself to be quick-witted, sharp, gifted with an excellent memory, unscrupulous, uncontrolled in temper, and almost entirely lacking in judgment and discretion.” Indifferent to the threats of the judge, bailiffs, the district attorney, and the United States marshal, the morally insane man was understood as lacking that ‘submission to authority’ instinct which made normal individuals “bow down before the majesty of the Law and tremble at her bidding” (Channing cited in Anonymous 1882:649). The morally insane provided a new experimental population for human science who rejected, either overtly or inadvertently, the dominant social, economic, political, and cultural order.

Nearly four decades before Nordau published his supremacist tract, *Degeneration* (1897), experts on moral insanity had already advanced the argument that intelligence was no barrier to incurring or “catching” moral insanity. The “sins of the father are visited upon the

child" (Wright 1882:548) in which case all were rendered vulnerable: "each individual, each family, each nation may take an either upward course of evolution or a downward course of degeneration" (Maudsley 1884:238). However, it was during the last decade of the nineteenth century that the popularization of the degeneration hypothesis was sedimented as natural fact by other experts in the human sciences. Following Magnan, who studied degenerative hereditary patterns primarily in alcoholics, Talbot for example also argued that the degeneracy of morality could occur in the upper ranks: the scientist, able lawyer, skilled administrator, mathematician or the great artist and poet were not only at risk but constituted a portion of those diagnosed as morally insane. This collaborated with the growing discourses on 'dangerousness' which as a social category rested upon the link between intelligence and 'moral bankruptcy.' Evinced by "lapses of conduct," he argued, and thanks to a defective will, instincts and appetites could lead to extravagant or dangerous acts in all individuals (1898:315). Using Morel's research as evidence for the existence of moral degeneration Nordau provides a translation:

The clearest notion we can form of degeneracy is to regard it as *a morbid deviation from an original type*. This deviation, even if, at the outset, was ever so slight contained transmissible elements of such a nature that anyone bearing in him the germs becomes more and more incapable of fulfilling his functions in the world; and mental progress...finds itself menaced also in his descendants" (1898:16; emphasis in original).

Persons who were perceived as deviating from the moral norm thus became appropriated as the proper subjects of medicine. The "original type" was a normative concept that acted as a "centre of calculation" for the evaluation of moral and physiological deviations from those who were socially positioned to decide the superior from the inferior through whom they

advanced a normative account by using themselves as standards of civility, propriety, and decency. The value-laden expert account of the hereditary degeneration hypothesis carried with it grave consequences for those individuals whose social group membership threatened the privileged classes.

Moral degenerates were not simply a ‘variation of nature’ according to Maudsley but a dissolution and whole scale transformation. Degeneration meant literally an “unkindness” or the “undoing of a kind...used exclusively to denote a change from a higher to a lower kind” (Maudsley 1884:240). Theorized and described not simply as a reduction but rather a *transformation* from normal to abnormal, moral degeneration was the process of how “an asocial or antisocial kind” was formed as a socially deviant ‘type’ or ‘kind.’ This could be witnessed in the practice of a variety of sexual vices and strong sexual passions not found even amongst animal nature (Maudsley 1884:241). Maudsley’s definition of “anti-social” in describing the degeneration of the morally insane is historically relevant in the sense that his psychiatric position provided an essentially socially defined understanding of both morality and madness.

The erosion of the fine layer of moral feeling, it was theorized, characterized the beginning of degeneracy, without intelligence being affected such that individuals without the right feeling and “the desire to do right” were considered socially abnormal due to biologically inherited determinations. The lack of social sensibility to the moral meaning of conduct was an absence of “internal social response” meaning that the individual laboured under an inherent incapacity of moral stability and was considered “congenitally conscienceless” (Maudsley 1884:246-7). Maudsley outlined the stages of progressive descent

into degeneration as initially due to insufficient exercise and improper use of moral and volitional powers where the unchecked satisfaction of passion introduced the moral degeneration of character in the first generation. The second generation offspring demonstrated a positive mental derangement manifested in the development of vice in character (which fell slightly short of madness or crime); the third generation resulted in moral imbecility or moral idiocy with or without intellectual impairment, culminating finally, in extinction.⁶⁶ As a “sub-species” the morally degenerate were viewed as morbid deviations from the “normal form.” The white supremacist desire to view human populations as “self-extinguishing” is embodied in Nordau’s words: “fortunately, [the morally insane] is soon rendered sterile, and after a few generations dies out” unlike phylogeny which is the formation of new species (Nordau 1898:16). Here, in particular, we witness the social broadcast that the ‘moral degenerate’ was so dangerous to the race and society that the biological mechanism of survival of the fittest would ensure the continuation of the respectable and morally superior populations. Rather than constituting a ‘new type’ of human being, the unwanted degenerate was an inferior existing type which would eventually ‘kill itself off’ for the greater good: the survival of the ‘fitter’ respectable and civilized classes. Spencer’s teleological functionalism also conceived the individual as the driving force of social evolution and source of superior morality (Holmwood and O’Malley 2003:41).

Applying what can be roughly understood as a Weberian ideal typological scheme, Maudsley allowed room for variation and modifications over generations through possible

⁶⁶ The historical issue of human extinction is a serious one which poses one of the most serious contemporary global emergencies.

countervailing influences such as strong moral training and environment. The cultivation of character and reformed desires could be seen at every level of the social organism. Nonetheless, the medical lesson and evidence was patently clear: acquired habits of vice in one generation resulted in natural moral deficiencies in succeeding generations (1884:248). A “youth badly born and educated, without proper parental discipline” was always at risk of becoming a member of that morally insane class of degenerates which was proliferating at a dangerous rate (Bowditch in Richardson 1881:571).

Understanding populations and social health in new ways, environmentalism continued to hold an important place in dominant social, medical, and political discourses. The doctrine of self-elimination was proving to be incorrect, and in fact, dangerous to the governing classes. The “inferiors” were not disappearing but flourishing. As such towards the end of the nineteenth-century there is a noticeable shift or break in human evolutionary moralism. The relationship between nature of breeding and moral degeneration was rejected as a naturally self-governing evolutionary law. Rather than being viewed as a self-eliminating process ending in extinction, experts began to proclaim that degenerates were actually reproducing at a higher rate than normal (respectable) populations (Anonymous 1890). Hence, the growth in ‘race science’ - and eugenics specifically - which argued in quite an alarmist vein that, in fact, the population of degenerates in society was proliferating, and not ‘dying out,’ as was previously thought and articulated (Rose 1985:60). The fear of the monstrous Other is a dominant theme in the nineteenth century psychiatric literature. As an imposing and unpredictable source of danger, the morally insane threatening the future of the ‘race, nation, and civilization.’

7.4 Moral Mothers of the Empire

The role of habits in health discourses was a strong medical theme in the second half of the nineteenth-century. Blackwell, for example, contended that the relation between habit and heredity as powerful physiological factors was key in preventing or accelerating degeneration both individually and nationally (1894:4, 59).⁶⁷ The idea that moral characteristics could be transmitted through racial lines was therefore also used:

Inheritance and organization, it is commonly but inconsistently admitted, give to races their characteristic traits. One kind of racial nerve displays enterprise, courage, persistence, restraint; another kind tends to be clamorous, helpless, help-hindering, resentful, turbulent; another is indolent, suspicious, credulous, engaging, cruel (Jordan 1890:86).

Therefore, the ability to form virtuous habits, and the power of transmitting character and temperament to offspring through habits was promoted not only for individual chasteness but also for the moral health of society and the nation at large (Blackwell 1894:59, 62). Poor temperament, fits of anger, and a depraved character could produce irritating milk by immoral women, endangering the welfare of the child. The moral panic of potential degeneracy acted as a preventative measure for the reckless pursuit of vice and unwholesome pleasure thus providing a hybridized moral and medical example of the dangers of loose habits and lack of proper self-governance.

Theories of hereditarian degeneration also provided scientific foundations for legitimating the maintenance and reproduction of gender roles, particularly for women who,

⁶⁷ Others have argued that degeneration theory was increasingly popularized in efforts to combat the fears of national decline in nineteenth-century France (Nye 1984) and anxieties surrounding “race degeneration” during the final years of the century in England (Ledger 1995).

by psychological and cosmological necessity, were obliged to occupy “their true position” as wife and mother. Serious were her moral responsibilities, indeed, “[u]pon her devolves the great duty of perpetuating the human race” which oscillated between the fulfilment of her duties to the husband and children, and to society and God more generally. “[W]hatever may be said of the *rights* of women, it is her allotted *duty* to marry and bear children” (Anonymous 1851a:8, 42; emphasis in original). Women who defied social prescriptions, which also served to constitute gender identities and social identifications of “the good mother” and “dutiful wife,” were believed to create negligent husbands and to place at risk their children’s moral future. “Through her must come all the good and evil...she is the conceiver and executioner of our creation, and in her hands lie the destinies of the race” (Williamson 1898:135). Medical science thus produced discourses of degeneration to direct mothers towards virtuous feminine conduct for the moral sake of their children. “[C]oncerning all the evil passions, and especially licentiousness, let no regrets ever darken a mother’s life when she sees her son a libertine, or her daughter an amarosa. She can prevent such disasters if she will; and if she will not, great will be her responsibility” (Williamson 1898:369-70). As “mothers of the nation” and the all-important “architect and builder” of human “frames” moral discourses of ‘motherhood’ took on an historically unprecedented meaning: the social identity which captured the ‘nature’ of women, the naturalized ‘maternal’ desire, was appropriated and reproduced as scientific fact.

Women who engaged in wicked vices were guilty of endangering not only the moral health and direction of their offspring but also jeopardizing the happiness and health of the entire race and nation. Therefore, if a mother associated with “low, base, unworthy society,

reads sensual literature, and delights in voluptuous scenes and licentious practices...the child she bears will as surely be a libertine if male, or a wanton if female, as it is sure to be born" (Williamson 1898:359). Motherhood entailed dictated norms of what the moral versus immoral conduct of a good mother. A wide array of medical treatises and public advice accordingly warned of the dangers that would result from imprudent maternal conduct, predominately targeting the habits of mothers specifically, but also broadcast clear bourgeois prescriptions and expectations of the 'feminine' or 'natural beauty.'

Josephine Butler addressed the sexual and moral double standards of the latter half of the nineteenth century. In *The Constitution Violated* (1871) she argued against the Contagious Diseases Act because it violated constitutional rights, which legalized the formal policing of the poor classes of women. Denouncing the Act, Butler railed that it was a blatantly sexist law based solely on sex discrimination in favour of the male class. The basis of Butler's attack on the Act was that certain women - particularly those in the sex trade - were being robbed of their civil rights. Finally, because prostitutes were routinely inspected, regulated, and imprisoned but not their male customers, the Act perpetuated "the double moral standard." Butler contended this legislation was for the benefit of soldiers and sailors but applied only to financially desperate civilian women (Rover 1970:74, 81). "It appears to me a simple want of common sense to apply a law to one sex only" (Butler cited in Rover 1970:84). However, the single standard of sexual morality in Canada ("the white life for two") gave a voice to married women to protest their philandering husbands (Valverde 1991:30). Yet women remained the target of sexual regulation and control through purity discourses on the essence of femininity and maternity, which were necessary for a healthy

race and nation. One physician argued that the illegitimate offspring resulting from a reckless union between a ‘lower’ class woman and a man of ‘higher’ social rank was a primary source for the diffusion of dangerous character traits in the social body. For example, “in the case of the men, transmitting parental peculiarities to *illegitimate* offspring, who, coming into the world in the same low social rank as their mothers, with considerable natural powers of mind - perhaps with the pride and ambition of the father - enter into life with those powers untrained, and so constitute the most dangerous class of society” (Anonymous 1851b:46; emphasis in original). Thus, doctors actively warned of the social dangers concerning the practice of inter-class procreation or the ‘alliance’ with persons of inferior social rank.

The concern that an increase in the population of the ‘lower ranks’ was undesirable and a decrease in the propagation of the middle and upper classes was largely centred on the belief that the ‘best mothers and wives’ were to be found in the ‘civilized’ (respectable and polite) classes; the “ungentle, uneducated, and untrained” mothers endangered the morals and health of the nation (Anonymous 1851a:46). Discourses of inferiority were naturalized through the psy complex most forcefully through material biological narratives which rendered women inferior biologically in several ways, either through sexual development, basic physiological constitution, and processes, such as pregnancy or menstruation, or inherent psychological weakness. Adult female sex was used as a natural hierachalizing discourse on the differences between the sexes. Even the strictly female experience of childbirth was associated with moral insanity - disease, impurity, and danger. Bad education, loose habits, innate impressionability, and impure thoughts worsened the ‘natural’ matters

exclusive to female bodies which became psychologized as maternal, passive, delicate, subordinate and chaste. The character of the good, normal woman thus came to embody a ‘feminine personality’ that became culturally constituted as ‘psychological fact’ in the history of the human sciences. Thus a white, christian, middle-class, heterosexist, and monogamous subjectivity became the ideal type of ‘civil womanhood’ that all females should subscribe to and emulate in the project of becoming a ‘good wife and mother.’

Discourses of hereditary predispositions thus encouraged the notion that morality was physiologically constituted and the result of ancestral habituation of vice, particularly through the lineage role of mothers who were expected to breed citizens’ possessive of pure and wholesome moral characters who could contribute to national prosperity. Moral education, training and virtuous habits were thought to, at least in theory, counter-effect the risk of degeneration. Through moral education individuals would be encouraged towards morally directed self-governance and temperance in all areas of social life. For females moral regulation centred on sexual self-governance such that ‘womanhood’ was essentially a sexualized definition. Females were thus understood in sexual terms of excess and lack constructing cultural boundaries of the permissible and the impermissible, leaving little room for difference and diversity not only in terms of sexual practices but also the acceptance of human diversity and multiplicity more generally.

Sexual models of degeneracy were particularly widespread in medical attempts to secure public health reform (Gilman 1985b). The habits and perverse instincts of prostitutes, particularly those of Irish ancestry, were believed to be incurable degenerates (Talbot 1898:322). Others experts such as Moreau argued that sexual relations “abusively practiced,

illicit movements, and the different forms of gratification, whether solitary or associate...induce psychical disorders which are sometimes incurable" (1884:375). Medical experts such as Blackwell, Krafft-Ebing, Maudsley and Scott viewed the sexual instincts as the foundation for social relations and a civilized society. The proliferation of ungovernable desires for disreputable sensual pleasure was the harbinger of social disorder and collective deterioration. Medical doctors needed to train the public, particularly mothers, on the virtues of sexual ethics in which chasteness was paramount. Fornication and masturbation were seen as the scourge of society. "Chastity is the government of the sexual instincts by the higher reason" (Blackwell 1894:63). The virtuous female sexual character presented traits of sympathy, self-sacrifice, and devotion. When properly exercised, that is, within the dictates of the Divine Law for women, their character could expand and intensify one's innate reserved nature through the development of sexual modesty and moral propriety. This inborn power of sexuality, at the same time, when unregulated, was capable of flourishing in an unnatural or degenerative direction allowing the "perversion and extreme degradation of sex" to manifest. "It is the degradation of this mental power [sexuality] when running riot in unchecked licence that converts men and women into selfish and cruel devils - monsters, quite without parallel in the brute creation" (Blackwell 1894:11-12). Thus medical professionals were needed to check "sex disorders in our midst" and provide information on proper sexual conduct for the sake of the nation (Blackwell 1894:71).⁶⁸

The rise of medical discourses on moral insanity and degeneration coincided with the

⁶⁸ Racialized sexual discourses in the psychiatric literature are examined below.

beginnings of the public health movement in the 1830's and 1840's which strongly emphasized environmental explanations for the social problems of vice. Chadwick's report on the sanitary conditions of the working class in England had a major impact on the development of environmental models of illness, which also influenced understandings and explanations of madness. This social movement ushered in a prime opportunity for claims necessitating social reforms bringing together discourses on health, heredity and morality and as a means of correcting the human weaknesses which were the result of an accumulation of sin over generations (Rosenburg 1974).

With good conditions, and surrounded by good influences, the faults and diseases of birth are gradually eradicated and cured, until scarcely a sign of them remains; and children born ugly, diseased, and with unfortunate mental and moral tendencies, may come to be more beautiful, healthy and good than seemed possible in their infancy (Acton 1857:12)

Dr. Laycock lectured that

drunkenness had been seen descending in one family from father to son through five generations: and what is true of drunkenness, the propensity which is inherited through a peculiar structure having been induced in the brain of the parent, and permanently established in the son, applies also to other vices...Voluntary vice in the parent begets an organic tendency to the same vice in the child...in other words...vicious and responsible indulgence in the ancestor becomes the original and normal conformation in the descendant (cited in Kitching 1857c:454).

A morally insane genealogy is documented: "As always in these cases, the hereditary antecedents are defective; the father was a drunkard, an uncle died insane, the mother and sister are eccentric and nervous, a brother is weak" (Nelson 1882:438). The deprivation or derangement of moral feeling as a distinct disease was therefore an example of how the laws of heredity worked through the direct transmission of qualities from parents to offspring so

that a child who inherited a defective moral organization was “degenerate before it was generate” (Maudsley 1884:249). Indeed, hereditary predispositions and “ancestral taints” were one of the many important links in the narratives of moral pathology. If no direct parental link could be established ancestral forces and influences were customarily evoked as a causal explanation. “Persons having such an unfortunate inheritance are the victims of an unstable constitution of nervous equilibrium which the most trivial circumstances can topple; the victims ‘of the worst of all tyrannies, the tyranny of bad organization’” (Bauduy 1879:263).

Magnan argued that it was impossible to understand the patient’s moral insanity without taking into account both the hereditary conditions and the personal history of the patient: “it cannot be understood if studied by itself...We must of necessity therefore, turn back to the antecedent history of these patients, and we shall then find that they have shown peculiarities of character at various periods of life” (1884:693). Transgressions were considered indications of a deeply seated mental disorder which could be ascertained by examining the intimate biographical specificities through a thoroughly moral temporal examination of a patient’s past. Symptoms were to be examined, not in isolation, but within the context of the entire life history and intersection with familial morality.

Children who were the unfortunate descendants of “a family in which insanity or epilepsy or some form or other of mental degeneracy exists...are the antisocial upshots of a process of degeneration in the line of their descent (Maudsley 1884:246-7). Krafft-Ebing argued that “the monstrosity of man’s mental make-up” in cases of moral insanity required a strict clinical criteria for diagnosis in which the task was to first ascertain the existence of

insanity in parents; only then was the physician to examine the patient for the existence of anatomical or functional signs of degeneracy, such as intolerance of alcohol, or finally, the absolute incorrigibility of the patient (1992:626). The moral quality of each parent was paramount to the production of virtuous or immoral children. "Depraved...parents, cannot transmit a healthy organization to their descendants: and the brain and the nervous system participate in chief in the inherited degeneration" (Kitching 1857c:454). Thus moral capacities were physiologically destroyed by degenerate practices through generations. If any predecessor in any past generation was claimed to suffer from insanity, all extended familial members were thought to be infinitely at risk of moral pathology. The consequence of vice, then, according to nineteenth-century medical discourses, threatened the moral sanity and posterity of future generations.

It is a long known fact that drunkards, for instance, have idiot children in a far larger proportion than sober people. Such facts cannot be either too generally known, or too strongly impressed on the public mind: they shew the tremendous amount of responsibility which attaches to the thoughtless votary of sensual or wicked pleasure (Kitching 1857c:454).

A "good life" was construed as the result of a perfectly balanced physical constitution whereas a "bad life" was largely the product of a defective constitution either inherited or acquired. The moral dispositions were thus somatically predetermined: most morally insane were condemned at birth, not simply metaphysically, but scientifically in terms of their corporeal lineage and heritage. Even before birth, the individual was predestined, not only to mental health or disease, but to vice or virtue. At birth, one was predisposed, by "hereditary taints" to a corporeal constitution inextricably entangled with evaluations of moral character and temperament. This was medically ascertained by examining the intersection of

individualized biographies with family histories: both atomized individual transgressions and the moral history of familial behaviour formed the prognostic and diagnostic criteria for medicalizing deviations from normative social codes as indicative of moral abnormalities. “There are families in which insanity has existed where the disease has...appeared... in great perversion of the moral faculties” (Talbot 1984:8). The Jukes, Chesters and the Kallikaks, in particular, served as examples of the dangers of degeneration. Case studies of these degenerate families provided admonitory example of the hereditary evils of vice and the abominable consequences of ungoverned appetites during the nineteenth-century.⁶⁹ The biological model of the world was generally adopted in the nineteenth-century and became a chief source for explaining degeneracy as both a negative historical moment and evolutionary regression of the human (Gilman 1985b:204-5).

7.5 Moral Contagions: The Germ Theory of Vice

Another materializing conception of immoral transmission was theories of contamination. Undoubtedly, Joseph Adams' (1756-1818) investigation of *Epidemic Diseases* (1809), which outlined the dangers of infected social contact, greatly influenced the fear of and concern with contamination and transmission of moral disease. It also produced a physical fear of the Other. This is not surprising given the moral panic in Britain (and its colonies) enshrined in the Contagious Diseases Act which targeted the moral and sexual practices of socially and morally dangerous groups such as prostitutes.⁷⁰ In medical

⁶⁹ See Dugdale (1877), Friend (1869), and the early twentieth century tract by Goddard (1912).

⁷⁰ CDA 1852, 15 & 16 Vict, c.11 (UK) (Parker 1983:200).

discourses this amounted to a germ theory of vice which although lacking a specific “microbe” as agent was hypothesized and mobilized within the psychiatric imaginary. This hypothesis was presented in the context of sprawling urban centres which were thought to give rise to hazards of cleanliness and pollution because the city was seen as a sinful dangerous space teeming with disease, filth, and immoral conduct (Guthrie 1858). Medical treatises were especially concerned with rampant contamination, including vice.

The tenet that “Cleanliness is Godliness” (Carroll 1996; Kellner 2005) was put into practice by stitching the moral and physical by a form of medical policing that was bound up by the notion of the social body. No class was immune from the invasion of malevolent germs of vice although the reasons for contracting them differed. The city was a cesspool of disease, becoming the prime location and space for the infectious pollution of vice by means of invasions and infested bodies. The unclean invasion of immoral germs threatened the purity of the race and society. Vice, as a “rampant disease” was plausibly a contagion, and to some degree, in physical terms: as a germ that the deranged could carry on their persons and as a corporeal space which favoured its breeding ground and encouraged its transmission to proximate bodies.

Two main aspects of this germ theory of immorality were brought forward. First, it was claimed that moral degeneration was caused by ‘a germ’ passed down through familial lines such that the “germ-elements” of moral insanity were conceived as being transmitted intergenerationally (Maudsley 1886:96). Maternal bodies ‘naturally’ transmitted purity or degeneracy through physiological processes. The gendered transmission of moral insanity was matrilineal in descent, content, space, and character. Babies could be contaminated by

suckling a foul breast: "What wonder that a son or daughter who has descended from such an unsound stock, and who most likely sucked in suspicion and egoism with the mother's milk, should get so far astray as to be loosened from wholesome bonds of social relation and to become insane (Maudsley 1886:102). This materialist model proposed the idea that vice could be transmitted by a germ especially through mother's milk.⁷¹ The maternal body represented a vessel or machine for the spreading morality or immorality in terms of physicality. The body became a site of battle between good and evil and at risk of being potentially besieged and infected by invisible foreign matter. Immoral germs were thus a dominant scientific explanation for unwholesome conduct uncharacteristic of the civilized classes.

The second conception was a sociological notion of germs and contagions proposing that vice could spread through communicative imitation and bad association, usually through interaction with the poor.⁷² Cautionary advice stressed the dangers of imitating or associating with the lower classes. For example Prichard describes a magistrate who became "boisterous, irascible, extravagant, and given to intoxication" in the context of associating with "people of the lowest class" as though the latter was an objective medical symptom (1835:31). As contaminated and contaminating bodies, the poor were viewed as scurrilous and plausible

⁷¹ Science proved that mothers' milk could "become poison under temporary and purely mental forces. This is not imagination, but the cool statement of established science of what may and often does happen to human milk under the influence of powerful emotional excitement on the part of the mother...This fact is so well known in almost every household as to scarcely require a passing note" (Williamson 1898:46-7).

⁷² For example, in 1884, sociologist Gabriel Tarde (1903) advanced the theory of social imitation which argued that "imitative contagion," and not economic relations or legal norms, operated as the internal unifying force of society. The social psychological hypothesis claimed that people engage in a wide variety of conducts and actions because they are imitating others rather than complying with legal statutes.

contaminants to the upper ranks of the social body by virtue of their inferior cultural habits, tastes, values and neighbourhoods. The appalling living conditions of the poor were an existence reduced to a life ‘with nothing to lose’ and thus provided the social and political breeding ground for political resistance and organization of the starved-out. As such, the poor had the option of defeat, escape, or rebellion. By the mid nineteenth century, particularly in France and Britain, the labouring classes posed a threat to the ruling classes constituting a veritable counter-hegemonic force (Gaucher 1982:54-7). Recognizing the growing collective formations of resistance or “ungovernability” at the “lower end” of the social order created fear amongst the privileged economic classes. Increased concern of “social dangers” that in some way jeopardized or targeted the economic and cultural privileges of the respectable, propertied classes became legitimate objects of scientific and medical inquiry. Political movements and organized labour such as the Chartists in England, for example, would revive themselves at points of literal starvation and take to the streets in direct action. Such political events contributed to the notion of mobs as ungovernable crowds (Rude 1964). “Moral epidemics” were used to help explain the cause of immoral ‘riots’ or the growing ‘mob mentality’ found in the devalued segments of society. “A half madman could set on foot a moral epidemic, and lead a mob to destroy Newgate, gut the house of the most intellectual and elevated persons, and nearly burn down London. Such moral epidemics were more destructive in their way than typhus, small-pox, or the much dreaded cholera” (Brodie 1854:374). The ungovernable nature of organized resistance was compared to an ungovernable disease in the human body.

In 1897, Durkheim also sociologically addressed the problematic of ungovernable

(and therefore dangerous) crowd behaviour. According to Durkheim when “hereditary taint” was not in question, “the only source of evil” was the problem of “contagion” (1951:97). Conceptualizing bodies as carriers was used as a euphemism for social infection and disruption. The process was conceived as the transmission of infectious germs through a socio-spatial notion of the body within a broader collection of bodies. It can also be understood from a phenomenological sociological view that social contact is always already the intersubjective and intercorporeal space of social relations that produce, reproduce, or create meaning.

From a medical perspective, the conceptualization of dangerous classes as a constituent of wider society provided a means of addressing the seriousness of the relationship between human relations and health. According to von Feuchtersleben “the relations of human society (epidemic, endemic, contagious)...[the] epidemic occurrence of psychopathies, whereof the love of imitation forms, as it were, the miasmatic vehicle (on which account they are very properly designated as ‘imitative epidemics’), appears to be beyond doubt” (1847:251-2). The advent of moral insanity as a potential epidemic disease reflects the historical, cultural and political fears of the possible occurrence of epidemic proportions of vice. This links to the class-based aetiologies proffered by the experts on moral insanity. Understood here also as a social aetiology, the germ theory of vice was an attempt to reconcile psychiatry and sociology by conceptualizing individual disease as inherently related to social interaction and social space. The emergence of epidemiology in the mid 1800’s emphasized the need to understand the course of a disease through a population, not just in an individual (Patton 1985:55). Towards the end of the nineteenth-

century, the interest in social contagions was becoming common place. Durkheim devoted a section in *Suicide* (1897) to a discussion on whether the notion of “moral contagions” could account for social phenomena. “Contagiousness” he argued, “is specially common among individuals constitutionally very accessible to suggestion” (Durkheim 1951:96). Making a clear demarcation between social and biological disease he writes: “Finally, it would perhaps be interesting, to make the terminology precise, to distinguish moral epidemics from moral contagions: these two words used carelessly for one another actually denote two very different things. An epidemic is a social fact produced by social causes; contagion consists only in more or less repeated repercussions of individual phenomena” (Durkheim 1951:132). Moral contagions were thus seen as the cause of individual pathology when biological ancestry was not in question. The contagiousness of vice required a form of medical regulation. Psychiatrists thus identified themselves as medical police to be marshalled against the forces of moral contagion (Goldstein 1984:182).⁷³

Vice as a major social problem was thus conceived as an infectious disease entity even prior to the popularization of germ theory at the end of the nineteenth-century. The moral symbolism of madness in the nineteenth-century provided images of the mad as

⁷³ Goldstein claims that the vogue of the term ‘moral contagion’ as a persistent and shifting concept situated within a history of ideas, can be understood in light of the enthusiasm towards ‘collective psychology’ in the period 1880–1914, in which the theory of moral contagion was one of its most significant building blocks. She reasons that the advancement of ‘moral contagion’ can be explained by three main intellectual developments. First, it was a response to and a critique of mass participation in political democracy; second, it played a pivotal role in the founding of the new science of collective psychology, as well as other new social sciences, such as criminology and sociology; and lastly, it related to the fin-de-siecle “discovery of the unconscious” (1984:182–3).

disorderly, polluted, and offensive, as not simply the effect of an illness or disorder but as reflecting the soul and quality of the self.⁷⁴ The Italian Phrenetic Society also debated and deliberated over sociological and hereditarian explanations of moral insanity, while also addressing the epidemiological questions regarding the germ theory of madness. Poisonous emanations, and the propagation of vice and disease were conceived through an epidemic model in which the space of the body was a natural carrier of moral contagion. This notion was also echoed in Durkheim's sociology: "Of all diseases, insanity is perhaps the one most commonly transmitted" (Durkheim 1951:96). The concern with moral contagions pointed to the dangers of upstanding moral citizens becoming "infected" from "contact with insane persons" (von Feuchtersleben 1847:262). "Individuals...shew in early life great insensibility of character, extreme callousness, tendency to thieving and other vices; *they have hidden in their organism the germs of their fatal disposition of which they are the victims*" (Morel cited in Thomson 1870:321; emphasis in original). Morselli also advanced the idea of the existence of germs of moral insanity, especially in children (Italian Phrenetic Society 1888:18). Von Feuchtersleben argued that women were more prone to moral contagions because of their innate weakness and impressionability. "The communicability of these conditions is stronger in the female sex, in consequence of their more active spirit of imitation" which was referred to as specifically "female epidemics" which needed to be

⁷⁴ Indeed, even today, we can witness the moral symbolism inscribed in particular diseases such as AIDS, lung cancer, and cirrhosis of the liver, for example, which presumably points to the essence of the diseased body as the consequence of (morally) irresponsible or (ethically) unprincipled selves. The underlying moral symbolism involves the belief that an individual is responsible for contracting the disease because of their inappropriate conduct or habits whereby the disease is a punishment for one's transgressions and lack of self-governance.

monitored and confined (1847:262).

Self-appointed “General” William Booth of London’s “Salvation Army” addressed the problem of moral contagion and the need to build asylums for moral lunatics in *The Darkest of England* (1890)⁷⁵. He writes, “It is a crime against the race to allow those who are so inveterately depraved the freedom to wander abroad, *infect* their fellows, prey upon Society, and to multiply their kind” (1890:204-5; emphasis added). Maudsley proclaimed that “a diseased element in the social organism [social body]...must be isolated or removed for the good of the organism” (1886:292). Isolating the moral insane, it was argued, was necessary for the health of society. “Such a course must be wiser than allowing them to go in and out amongst their fellows, carrying with them the contagion of moral leprosy, and multiplying a progeny doomed before its birth to inherit vices and diseased cravings of their unhappy parents” (Booth 1890:205). Narratives of vice as communicable, contagious and contaminating created the image of violated purity in which pristine bodies became infected by foreign bodies that could result in a dangerous outbreak or epidemic such that “when they have reached a certain point access to their fellow man should be forbidden” (Booth 1890:205).

The germ theory of immorality or ‘the science of moral contamination and contagion’ was a powerful nineteenth-century theme. In particular it provided legitimated practices for justifying segregation between social groups. Barr, for example, expressed serious consternation about how to ensure that “the children of pure stock” would be safe and

⁷⁵ Booth was a retired Liverpool ship-owner (Newth 1967:116).

“uncontaminated by bad association” in schools. In the name of public health and safety he argued that “those who are congenitally unfit to mingle their lives and blood with the general community” should be ordered to produce a certificate demonstrating purity and freedom from mental disorder. This, he believed, was essential in the fight against the moral contamination of the virtuous stock. A registration and grading system could “purify the school and elevate the condition of both the normal and abnormal classes” through segregation which would prevent “the strain of striving to mix the unmixable” (Barr 1895:280-1). In particular, the “children of poor people...[with their] ignorance and vices...contaminate the children of persons in the higher ranks of society” (Rush cited in Takaki 1979:22). Especially dangerous were the polluting bodies of women, political militants, children, non-whites, and the poor. Treatment of moral contagion was thought best remedied by moral hygiene efforts based upon an epidemic model: the morally insane needed to be confined and removed from the community and their fellow citizens. But even when rehabilitated, as rare as it was with the morally insane, health and virtue could never be entirely restored and ensured. The soul would forever retain the scars of its transgression. One human expert sums this up: “[O]nce mad a man is always mad, or certainly can never with confidence be pronounced sane” (Mayo 1853:31).

The social link between the visual and the body was also examined by Goffman’s sociological classic text *Stigma* (1968) which traces the concept of stigma back to the Greeks who used it to publicly designate the moral inferiority of the individual so marked, usually through scarring or branding the flesh to identify the bearer as a slave, criminal and so forth. This developed into a specifically Christian meaning of ‘stigmata’ as the corporal signs of

holiness, such as the marks of the nails on Christ's feet and hands which has been reputed to 'appear' on the body of a holy person. Goffman refers to three types of stigma: physical deformities; blemishes of character, such as the alcoholic; and a tribal stigma of race, nation, and religion, which were all entangled in the discourses on moral insanity. Whether the mark or sign is degrading depends upon the web of social relations in which the individual is situated. Emma Goldman (2004) critically addressed the medicalization of difference producing unjust and grievous stigmas, which humiliate, degrade, and dehumanize certain social groups to the benefit of the dominant. The stigmata of the degenerate became the medical analogue for the human race's unremitting potential for the fall of grace (Gilman 1985b:192). Once stamped with the stigmata of moral insanity one's essence was categorically held suspect not only due to the past but also because of the risk of potential future transgressions. The morally degenerate were socially marked as dangerous bodies.

7.6 Conclusion

As a body of discourses, medicine legitimated and encoded morality through the philosophical status of materialism and sciences of the body. Evolutionary theory consolidated the existence of moral insanity through a process of scientific legitimization which relied upon dominant and historically situated imperialist discourses (racist, classist, and sexist) 'biology of civilization' which could account for the existence of moral insanity as a social and medical problem to be cured. The theory of progressive degeneration provided such a discourse. The morally insane were viewed as "souls so enthralled somehow in the meshes of unsuitable matter that they are without the potentiality of becoming truly human" (Maudsley 1884:244). As a means of constituting the Other, degeneration was increasingly

applied to explain psychopathic and other socially objectionable conduct during the nineteenth-century and became commonplace in medical appropriations of deviance (Gilman 1985b:61).

If the miseries and moral deterioration of the human race could be explained scientifically, it was believed such problems could be prevented and cured through the gospel of Enlightenment science. The endeavours to understand heredity and the transmission of moral traits inter-generationally were one of the ways in which scientific laws of moral character were incorporated into psychiatric practice. "In many instances it has been found that hereditary tendency to madness has existed in the family, or that several relatives laboured [sic] under other diseases of the brain" (Prichard 1835:20). Rather than generate healthy, normal - morally solid offspring - coupling by at least one depraved parent could result in a backward process of de-generation, producing degenerate or "throw-back" descendants. This conviction also represented the fear that the 'lower' evolutionary groups would adapt, avoid extinction, and instead flourish in degenerate human forms (Taylor and Shuttleworth 1998:288).

One of the most prominent themes permeating nineteenth-century psychiatry was the scientific effort to determine the stigmata of moral dangerousness through discourses of the anti-natural (Foucault 1978b:10). By invoking biological and hereditary models to account for immoral and abnormal souls, most evident in theories of degeneration, medical science took the subtle yet powerful stance that individual moral pathologies could occur in nature. It also claimed that morality could be destroyed, acquired, or inherited by degeneration through generations. This resulted in a naturalization of psychopathology and normalization of the

abnormal or “the naturally immoral and depraved” (Hughes 1882:68). As such, the doctrine of moral insanity provides an historical example of how psychiatric discourse assembled and mobilized dominant discourses to provide a materialism of the morally insane soul. In order that the soul could be investigated and known, knowledge from clerics and moral philosophers needed to be taken into account lest the medical profession be chastised for suffering from insufficient faith. In this sense, psychiatry recuperated a Christian morality of the soul in new ways. Degeneration theory was not simply a process of creating ‘a new modern monster’ - the pathological subject - but also presented the morally insane as but one link in the long process of inferior genealogies highlighting the precariousness of human evolution and moral development. Further, the introduction of a hybridized discourse, the emerging moral science of psychiatry as seen in the case of moral insanity, was more than merely a set of scientific observations on the biologic causes of immorality and vice. It was also a set of authoritative arguments which provided the foundation for setting into motion material dividing practices which maintained and reproduced traditional inequalities while creating a new inferiorized subject of psychiatry: the biologically constituted moral degenerate as the new moral danger of a modern social order.

Figure 7.1 “Profile of Negro, European and Oran Outan” (Knox 1850)

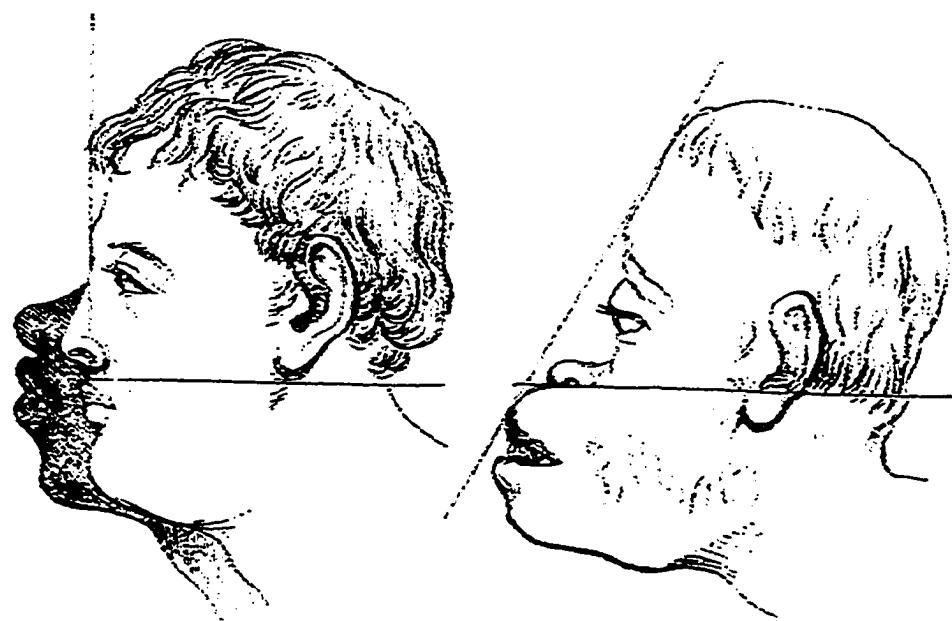
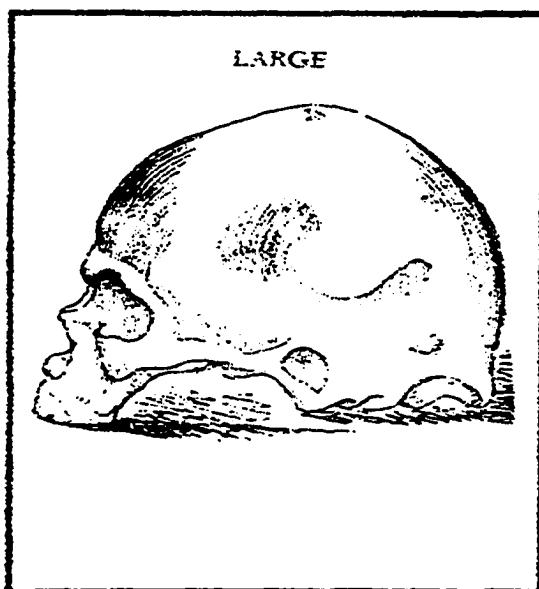


Figure 7.2 (Fowler 1842)



NO. 74.—DIANA WATERS, WHO WENT
ABOUT PHILADELPHIA, PRAYING
AND EXHORTING ALL SHE MET TO
REPENT AND PRAY TO GOD.



NO. 75.—A NEGRO MURDERED, WHO
IGNORED ALL RELIGION.

Figure 7.3 "The Facial Angle" (Dexter 1874)



Figure 7.4 Scientific Racism (Talbot 1898:182-3)

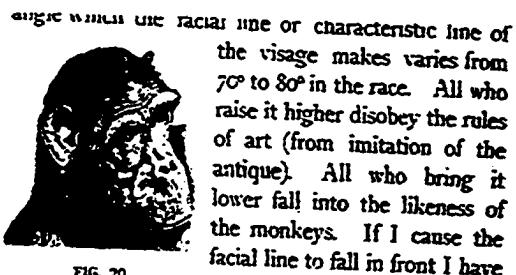


FIG. 20.

"angle which the facial line or characteristic line of the visage makes varies from 70° to 80° in the race. All who raise it higher disobey the rules of art (from imitation of the antique). All who bring it lower fall into the likeness of the monkeys. If I cause the facial line to fall in front I have the antique head. If I incline it backward I have the head of a negro. If I incline it still further I have the head of a monkey; inclined still more I have the head of a dog; and, lastly, that of a goose."

This is excellently shown by the following illustrations. Fig. 20 is the head of Johanna, the female chimpanzee of Central Park, New York City. This head has (by Camper's method) an angle between 40° and 50° . The brain of this animal occupies one-third of the skull, and the jaws two-thirds. The negro criminal (Fig. 21) has an angle of about 70° . Here

FIG. 21. COLORED CRIMINAL
TOTH.

general result not unlike the Apollo.

Although the general outlines of facial evolution as sighted by Camper are in accord with my own views, yet, as regards accuracy, this angle is not an ideal from whence to study face degeneracy, since the line does not fall low enough to include the chin, and also, as I have elsewhere shown, in the degenerate, the ear varies as much as one to one and one-half inches upon heads of different individuals. Frequently, in the degenerate classes, the ears of the same individual differ as much as one inch in height.

An ideal line, from whence to study a degenerate face, should be drawn perpendicularly from the supra-orbital ridge intersecting the upper and lower jaw and chin. While the chin of the Apollo Belvedere falls slightly inside of this line, yet this is hardly perceptible. Having now fixed a standard from which to study the degenerate face, it should be remembered that jaws which protrude beyond this line are atavistic, and those which recede are even more degenerate.



FIG. 22.

Figure 7.5 “Burns the Poet” and a “Boor” (Mason 1888)



FIG. 7.



FIG. 8.

CHAPTER EIGHT: THE RISE OF PSYCHIATRIC POSITIVISM: MEASURING MORAL TRANSGRESSIONS

Experimental psychology has furnished us with many new data of abnormal soul-life through pathological observations...If the facts are but clearly stated...what a flood light do they shed upon all the problems of abnormal soul-life! (Carus 1900:248).

Let us bring together all who have any knowledge of him, and trace back as far as possible into his past, even to his birth and ancestry. Let us inform ourselves of all that he has said and done, for a long time previous to the period at which his mental condition is to be determined. Let us question him, personally and through others, and by the help of all the data, gathered from the past and present, let us build up the history of his entire life (Falret 1867a:420-1).

For a long time ordinary individuality - the everyday individuality of everybody - remained below the threshold of description. To be looked at, observed, described in detail, followed from day to day by an uninterrupted writing...lowered the threshold of describable individuality and made of this description a means of control and method of domination...This turning of lives into writing is no longer a procedure of heroization; it functions as a procedure of objectification and subjectification (Foucault 1979:191).

This chapter focuses on the productive power of nineteenth-century psychiatric documentary systems as an intertwined set of material practices, which are based upon social techniques of power and technical capacities used to probe the morally deranged soul. It provides a critical analysis of the historical material culture of psychiatric practices by examining different forms of knowledge production. It asks how these knowledge forms were embodied in social practices that contributed to the scientific recognition, validation, and constitution of moral insanity as a psychiatric disease. The chapter therefore provides an understanding of how psychiatry as a medical science of the soul relied upon various representational devices and practical technologies that contributed to the epistemological status of moral insanity. It focuses on matters of fact and procedure, text and authority, and

selective moral documentation to chart the material practices that sought to provide and legitimize a scientific basis for the clinical diagnoses of moral insanity. As an institution, nineteenth-century psychiatry, in observing and recording the subject, became a visibilizing regime for the documentation and registration of cultural difference as pathological (Gilman 1976; 1982; 1985a; 1985b; 1993; hooks 1989) and the morally insane as a medical class provide a socially rich psychiatric “archive of the body” for critical analysis (Sekula 1986).

8.2 Divining Technicians of the Soul

As technicians of the soul, psychiatric experts on moral insanity relied on a broad range of clinical practices and strategies to produce and represent the truth of moral insanity as a valid clinical disorder. Diagnostic criteria hinged upon a loosely configured constellation of social signs and symptoms which, in one form or another, emphasized moral transgressions as a pathological medical and social problem. Symptoms were recognized in primarily socially oriented ways. Scientific identifications were based upon multiple clinical practices: observation, categorization, examination, investigation, comparison, visibilization, and visualization served to provide an epistemological grid for a physiology of morality. The importance of analysing such practices is not only to question the emergence of historical psychiatric practices and social representations but “to reveal previously ignored constituents of scientific work” (Lynch and Woolgar 1988:9), particularly in the social history of morality psychiatric culture is a powerfully productive social field. The chapter approaches text and image as representational scientific practices which were necessary in the material production of the morally insane as the targets/objects of medical knowledge and power. It thus asks the historical question: how did ‘fallen citizens’ become psychiatrically represented and

translated into 'clinical cases'?

The chapter provides an illustration of how documentary systems as an ostensibly innocent activity are in fact political, that is, inextricably invested with power. Using the reductionist and individualistic 'perception model' to explain how and what one documents is inadequate from a critical sociological perspective. Acts of perception are not simply based upon physiological functions, as a mechanistic orientation between the eye and unmediated input stimuli from the environment. Instead, perceptions are socially organized; how observations are organized depends upon the types of lists which are being created. Psychiatric lists of symptoms of morally insane characteristics, traits, descriptions, and identifications ensconced and contained socially produced moral lists, dicta, principles, values, which cannot be adequately explained or addressed as an individual-body problem because the psychiatric question of the moral was indubitably social. Morality, character, and desire are thus recorded and sought out in great detail in the course of the clinical process.

The grouping of lists into the nomenclature of madness classified which social subjects fit into categories of the normal or abnormal. This practice especially highlights the historical and social significance of recording the morally disgusting nature of, and expert reactions to, particular social forms of behaving, appearing, living, being, which compiled a socially authoritative boundary for classification. Nineteenth-century psychiatric lists delineated and demarcated categories of the normal and pathological. Deviant bodies were socially perceived, identified and regulated through the scientific practices of perceiving and documenting which individuals were morally transgressive due to medical and material reasons. The social practice of sorting people into classifications, and society's general

obsession with “sorting things out” is now socially sedimented (Bowker and Star 1999) and inescapable when providing historical sociological analyses (Calhoun 2003). Nineteenth-century psychiatric practices provide a glimpse into the ‘dusty archives’ of the human sciences and how souls were divided according to moral classificatory principles and practices. Because classifications are powerful technologies and a site of political work (Bowker and Star 1999:320) the account provided here is one which emphasizes that psychiatric lists or symptoms identified and compiled will be analyzed as a product of social relations of power.

The psychiatric criteria of what defined and constituted the morally inferior were simultaneously created in and through observations which were socially situated, oriented, prescribed, communicated and experienced. This means that the personal appropriation of what was being observed and specified by the experts was based upon social perception which becomes organized and embodied in the explicit aims and intents of the observer (psychiatrist). Therefore, perception is socially organized by rules which intentionally direct what is necessary to see, note, and document: searching for symptoms, selecting and ignoring, commenting or saying nothing - all of these actions are matters of power based upon material political tactics of inclusion or exclusion, silence or voice, visibility or invisibility. Perception therefore cannot be reduced simply to individual perception and physiologically contained cognitive operations because these socially organized strategies are based upon rules and codes of what is or is not important to see (Law and Lynch 1988; Law and Whittaker 1990; Root-Bernstein 1985). This provides a helpful approach to understanding the empirical observations and practical operations charted in the course of

clinical reports and visual representations in the form of both text and images. These are important “material media” in the practice and history of science (Lenoir 1997) which examines the moral authority or social capture of the doctors’ readings of immoral bodies and recognizes that such a “reading” comprises the perception of the “reader” or captor as a socially legitimate moral authority and expert.

8.3 Visual Documentation as Identification and Diagnostic Tools

Although representations primarily relied upon linguistic narratives that described the relevant visual signs for the condition of moral insanity, nineteenth-century visual images also provided a horizon on which to visibilize, visualize and depict human moral differences in science. The transformation of visual clinical experience into verbal forms was the dominant documentary practice of psychiatry. However, the introduction of photographic practices into the field of medicine generally, and psychiatric science specifically, redefined the epistemological nature and approaches to representing and documenting illness. Prior to the invention of photography in 1839, the visual documentation of medical subjects was left to illustrative devices of art - paintings, sketches, engravings and drawings were the sole practices of visual documentation in medicine. While these techniques of representation had long been utilized in the Middle Ages and Renaissance they were largely viewed as crude or inaccurate unlike photography whereby the camera came to be regarded as the “all seeing eye” (Olleranshaw 1968:11).

The introduction of photography into psychiatric practice responded directly to nineteenth-century concerns around the city and the visibility of the ‘dangerous’ classes (Gilman 1976, 1982). W. Sparrow Simpson wrote that the acceptance and application of

photography would serve a vital function for the state: "What a curious picture gallery the police will ultimately form if this system is carried out" (cited in Burrows and Schumacher 1990:60). The photograph became not only a device to teach and to record; it also became a diagnostic tool in psychiatric practice (Burrows and Schumacher 1990). The psychiatric archive generated representations of corporeal images as a scientific mapping of interior characters, which also required medical observers to look for exterior signs to prove pathological interiorities. The intention was to capture individual essence through the practice of representing the body through the visual technologies. While psychiatrists, to represent the existence of mental disease used several distinct techniques, often times they were combined to produce certain effects. One popular technique employed was 'subject contrasting' whereby two different patients suffering from the same infliction were positioned in relation to one another. Such a strategy highlighted and reproduced an individualized and tailored pathos of the patient while simultaneously creating a broader clinical category for classifying disorders through subject placement. As an object or subject rendered observable, measurable and quantifiable, its immoral symptoms qualified its classification. If in no other way, the psychiatric subject became silent and civilized through the disciplinary organization of it as intelligible and knowable. Intelligibility is thus built into visual materials by the manner in which they are presented (Lynch 1985:44-52). Textual accompaniment to visual aids is key in highlighting properties or characteristics so that they become observable to the audience. This results in a scientifically reportable and documented truth using visual images and textual narratives to frame or "pose" the subject of medicine (Amirault 1993).

Practices of visualization make up a ‘social programme of perception’ in psychiatry. The instrument, in this case the camera, both domesticates and routinizes space and time in accordance with the instrument’s application: by pre-coding, geometrizing and naturalizing the properties of what should or what comes to be perceived actively reconstructs the subject-object in particularized ways. Lynch (1985) has argued that a characteristic feature of scientific activity is the production and use of visual displays. Not only acting as valuable illustrations, visual representations also act as irreplaceable documents which enabled subjects under study to be perceived and analyzed; thus transforming the subject into an object because of its transformation into real, observable material. In this sense, subjects and relationships, which were initially invisible, became visible and palpable as a result of material practices in the form of images, photographs, and sketches. Further, technologies of visual capture should be viewed as non-human social actants. Visual depictions and representations can in this sense be understood as instruments of action. Latour suggests that in order to understand what a nonhuman social actant does “simply imagine what other humans or nonhumans would have to do were this character not present” (1988:299). Therefore images can be further understood as actionable. They allowed for the reproduction of scientific procedure, institutionalization of psychiatric responses, and the focusing of justifying expert scientific arguments that also enabled legislation.

The camera as a scientific instrument permitted the standardization of perspective under a common gaze. As a material and symbolic mark of progress, the scientific and medical communities were quick to appropriate the camera and the practice of visually

documenting the physical appearance of medical subjects (Thomas 1978:11-12). Serious cases in particular needed to be recorded for scientific progress and medical classificatory refinement. Clinical cases, such as William B.'s moral insanity, needed to be visually recorded in medicine because it provided a source of important scientific information for further observation (Clark 1886).⁷⁶ This is the sole psychiatric photograph of a morally insane subject in the archives under examination. It circulated in different medical texts and highlighted not only the significance of "an observed case of moral insanity." The technique of materializing the subject in a realist visual form provided what would become a dominant representational regime of psychiatric truth. Through the physical documentation of a morally insane man the world, or in the psychiatric community at least, could incorporate a 'real' case to observe and know. The fact that only one photograph (Figure 8.1) was located might best be explained by the more heinous criminal nature of the case which was both unusual and extreme, given that the majority of those diagnosed as morally insane were not viewed as criminals because they tended to break social, not criminal laws. Most argued that these (homicidal) cases of moral insanity were rare (Richardson 1881:572).

Tuke's (1885) description and commentary of this subject refers to him as an "escaped morally insane lunatic" based upon notes provided to him by Dr. Metcalf at the Kingston Asylum, in Ontario, Canada. He was initially sent to the Kingston Asylum on Sept 29th, 1879, for tying a horse to a telegraph pole and mutilating it. He was later criminally tried and acquitted on the ground of insanity. The medical and legal moral narrative is

⁷⁶ The photograph was initially included in Tuke's (1885) clinical publication.

provided as follows. On his way to go berry-picking with a six year old boy, he is charged with having

removed his clothes...[and] proceeded to whip him with long lithe willows, and, not satisfied with this, he bit and scratched the lad terribly about the arms and upper body, threatening that if he made an outcry he would kill him with a table-knife, which he had secretly brought with him (1885:361).

Having been accused of monstrous acts such as killing neighbours' livestock, and attempting to suffocate his baby sister, he was sentenced to 12 months in gaol based upon the testimony of his stepmother (1885:361-2). Upon his release he "abstracted a considerable sum of money from his father's desk, and attempted to escape with it." Again he was tried, found guilty, and sentenced to seven years in the Penitentiary, and during his sentence was transferred to the criminal asylum serving a life sentence. His stepmother described him as possessing "a sullen disposition; uncommunicative, idle, sly, treacherous...[and]... at an early age evinced a disposition to torture domestic animals, and to cruelly treat the younger members of the family" (1885:361). The moral reprehensibility of the subject's acts was legitimated not only by the expert notes of the attending doctor, and the stepmother's negative description, but also by representing the subject in a realist form of visual imagery making the photograph act as human proxy. It is thus both a representation of the expert observation, but also of the truth of the subject himself, not only his conduct. Acting as a referential and diagnostic device the photograph is an idealization of the potential correspondence between a representation in the text and a dangerous madman in the world.

Drawings in the form of sketches, however, were the dominant form of visually representing the morally insane and inferior subject. Unlike a photograph, the drawing can

superimpose, highlight and be manipulated to present particular information deemed significant (Lynch 1985). Temporal visual enactments, such as the ‘before and ‘after’ technique, were a common method for denoting the psychiatric success of treatment and cure. ‘Before’ represented the pathology, while ‘after’ highlighted the cure of insanity ([Figures 8.2 and 8.3](#)). Morison’s (1843:78, 80) choice of visual technique depict another female erotomaniac ([Figure 8.5](#)) whose “face is flushed and her eyes brilliant” as corporeal signs of sexual fervour and moral aberration (1843:79) is contrasted to her cured and ‘normal’ state ([Figure 8.6](#)) which is proven by her changed appearance and demeanour, which the sketch is able to emphasise in a way that the photograph cannot. The temporal contrast of the same individual at different points in time served to naturalize both normalcy and pathology of different mental and moral states. It also gave currency to the discourse of ‘the natural progression of disease.’ The documented time lapse of the mental pathology thus provided practitioners with the means of comparing, measuring and charting not only the subject of the disease but also provided a functional representation of the disease as an entity in itself such that it had “a life of its own.” These teleological projections further served to naturalize the particular pathology, in this case, erotomania, as a shot in time by comparing and contrasting the captive space of the visual representation of the subject in visual frames.

The body of the psychiatric subject was visually represented and organized as a psychographical map with certain identified landmarks that were coordinated with interior qualities through a distribution of external territories or signs. The accompanying expert text provided identifications that were inscribed on the exterior body to represent interior dimensions. Phrenological mappings, for example, transferred ideal transcendental

categories to concrete, visual and material regions of the body. This constituted a material form of the psyche by means of a visual technology that was used to represent its existence, anomalies, condition, and the like. The visual image defined, highlighted and consolidated the visibility of difference and madness.

Psychiatric visual devices are rendered intelligible only with accompanied texts of signification, which direct and assist in mastering the socially situated production and meaning of the image. The reader is thus incited to complicity through the authority of both realist assumptions *and* the authority of the accompanying psychiatric narrative. The visual images have been carefully selected and framed in order to generate a true representation of interior character, which requires what Law and Lynch (1990) refer to as “a technology of purification.” Visual representations thus acted as medical and moral testimonials of a life gone bad and mad. Incorporating images also served to establish social hierarchies anchored in visual “truths.” This is a social process whereby morality or moral nature was inscribed on and into the body, which was further embodied and legitimated through the application of psychiatric visual strategies and technologies of representation. This is further examined in the following chapter.

8.4 Measuring the Abnormal Soul: Excess, Absence and Presence

Nineteenth-century psychiatry was a medical science concerned, first and foremost, with the abnormal, and as such engaged in multiple techniques and tactics that contributed to the constitution of pathological interiorities. Practices designed to diagnose, conceptualize, and regulate moral abnormalities created a space within medicine to examine, understand, and thereby construct the pathological, which formed psychiatry’s basic disciplinary subject

matter. The concentration on the pathological simultaneously implies and illuminates the normal: the task of understanding diseases of the soul produced further postulates concerning health and the normal. Normality became equated with health while the abnormal signified disease.

In *The Rules of Sociological Method* (1895) Emile Durkheim provided a unique way of understanding the normal and the pathological. Outlining the rules of the sociological method relied upon new, enlightened scientific criteria for observing and understanding human behaviour and the social world. He argued, for example, that behaviour that may appear abnormal to the psychiatrist or judge may be normal for the sociologist because it was only a sociologist, as a doctor of society, who could analyze and cure social ills. Having created what Turner has called a “science of morality” Durkheim was appointed the first ever Professor of Sociology which was referred to as “moral education” (Lukes 1972; Ritzer 1992). Making the startling observation that crime was in fact natural and “an integral part of all healthy societies” (Durkheim 1958:67) ran counter to the dominant Western medical and psychological paradigms and political thought at the end of the nineteenth century.

Canguilhem (1991) maintained that the definition of normal and pathological depends upon the circumstances and situations in which the observation takes place. As a social division both categories need to be understood as relational, situated, and contingent. Nietzsche also emphasized how the construction of things occurs through an obscure process of othering which is an instance of the process of recognition; an extension of essence revealed through its opposite. “It is the value of all morbid states that they show us under a magnifying glass certain states that are normal - but not easily visible when normal”

(Nietzsche 1967:39). Documentary systems located within the corpus of nineteenth-century medical texts such as detailed case studies and clinical notes in the form of authoritative medical articles provide social examples of this form of “other-recognition.” But this practice of recognizing the other also entailed an estimation of excess or quantitative presence. Moral abnormalities were quantified as excess or deficiency in human forms.

The process of quantifying objectivizes and cognizes the presence (pathological), and therefore, absence of excess (normal). Similarly, the quantification of excessive absence also called into being the idea of individual deficiency as pathological. Such processes that morally quantify underlie the social construction and recuperation of conduct as psychologically normal or pathological. For example, the inability or failure to display empathy and sympathy for others in one’s conduct was one of the symptomatic behaviours which marked the presence of moral insanity by the absence of a normal moral sense as a deficiency. “Moral feeling is based upon sympathy; to have it one must have imagination enough to realise the relations of others and to enter ideally into their feelings” (Maudsley 1886:102). Conduct was thus understood within a social heuristic of evaluation and quantification. The normal subject was expected to display the “proper amount” of socially acceptable behaviour and avoid deviation from norms of conduct. In other words, those signified as morally insane, in some form or another did not ‘measure up’ in the very essence of who they were taken to be as human individuals. However, quantification also hinged upon an understanding of quality: appraisals of interior quality were directly related to the quantifying technique, which acted as a practice for measuring the moral. Souls of inferior human qualities could be recognized and diagnosed by the psychiatric gaze and techniques

that simultaneously evaluated the morally insane in terms of social measurement of morality. This inherent tautology whereby quantification proved quality and qualification relied upon quantifying processes, codified the relationship between the two; it also became intrinsic to nineteenth-century psychiatric practices.

Paradigmatic descriptions of the morally insane as immoral characters included descriptions of remorselessness, shamelessness, and an absence of guilt over one's socially problematic conduct and mannerisms. Lacking a moral conscience was a key constituent factor in diagnosing moral insanity. Gairdner writes of one of his patients:

There was a shamelessness and regardlessness of consequences, and even of decency, about his whole manner, that convinced me I had to deal with a very low type, indeed, of human nature in this case. He had not the slightest sense of regret or of remorse, but would always take me into his confidence, and explain how much he needed more whiskey... You cannot get hold of anything on which to act in the way of making this man ashamed of himself (1863:591).

In order for transgressive behaviour to be forgiven or absolved, the condition of regret and shame needed to follow the transgression. Depression, for example, could demonstrate the existence of "healthy shame" for social transgressions (Kieman 1886:169). The morally upstanding, normal individual was one in which the bourgeois conscience and self-consciousness within such a governing subjectivity formed primary provisions. An abnormality of an interior moral sense was apparently determined by an absence of remorse for one's misdeeds or transgression, transgressions almost always seen as distasteful and dangerous to the ordering and governing middle class moralities. The expression of embarrassment represented a self-conscious and conscientious being, but more importantly, it demonstrated 'decency,' and the acknowledgement of normative rules of proper and

respectable conduct through the admission of guilt; an admission morally decent and socially disciplined citizens of a healthy nation displayed. The present absence of contrition signalled a defect or paucity in the transgressor. The utter shamelessness of the subject/patient/person was taken as a sign and symptom of immorality. A mistake or peculiarity might be forgiven if the transgression was acknowledged, but to forsake one's accountability was beyond reprieve, it was historically a reason to place one's sanity into question, particularly one's moral sanity and character. Thus, an absence or lack was just as significant as the presence of a symptom. The morally insane were diagnosed by presenting signifying symptoms, and by not presenting other qualities deemed denotative of normality. Shame was key in determining the presence of a 'healthy conscience.'

Immoral bodies with diseased souls, in their unruliness in everyday life were thus managed by the use of a hermeneutic analytical and diagnostic system. This occurred on several different social planes and cultural fields: formally, if the State was called in, semi-formally by medical police, and informally, that is in the existence of everyday life within the person's community and circles. The wisdom of the moral men of medicine used science to psychiatrically capture dangerous subjects as abnormal and sick. The body besieged by the scientific scrutiny of moral managers could neither hide nor evade. An analytic and evaluative way of knowing the soul through the body thus functioned by a hermeneutic inquiry and appropriation of the somatic text, the moral physiognomy of the flesh. The increasing role of measurement, quantification, norms, averages, and standards in the natural sciences was also appropriated and applied by psychiatrists. Mental hygiene as "the application of the methods of natural science to the study of mind," "with its positive

teachings” could thus “enforce the highest moral truths” (Ray 1864:339, 341). Both the somatic and spiritual realms occupied the calculable middle between opposites: order and disorder, excess and lack, truth and falsity, abnormal and normal, good and evil.

8.5 Constructing and Categorizing Moral Insanity

The historical conviction that there are normal and abnormal ways for people to be and to behave constituted the very subject matter of psychiatry, a hegemonic discourse and conviction, which persists to this day. Implicit in this belief was that moral deviance was an abnormality and a social problem. It was a phenomenon viewed as regrettable, deplorable, and in some cases, even dangerous. The psychiatric claim that the morally insane were abnormal requires an analysis of how such a claim was created and put into practice in the nineteenth-century. Psychiatric judgments of abnormality were related in fundamental ways to the classification of human conduct and traits into visible categories. By definition, the natural also implied the normal, which necessarily required generalizations of a human nature that could provide a ‘standard’ for human beings, based on a set of qualities or traits of respectability. Departures or deviations from the normal were based upon conceptions of nature or the natural. Thus claims to a human nature or the natural human form informed its opposite: the unnatural or abnormal human, in this case, the morally insane. To arrive at a category of human abnormality, psychiatry therefore required a set of practical generalizations about the normal or the natural in order to characterize, identify and classify the abnormal human as a deviation from the ‘standard’ which also reinforced admonitions to be normal.

In the 1840s, the Belgian statistician Adolphe Quetelet created the notion of ‘the

average' or normal man as a way to measure traits in the human population. Through the collection of statistical data on human and social characteristics, he believed he could establish the basis of the average or normal man and his moral nature by employing statistical means to find patterns and regularities in the population. Quetelet's "social mechanics" attempted to apply statistical methods to demonstrate that "the average man was one who regularly chose the mean course between the extremes of deficiency and excess" (Bierne 1987:1159). The 'normal man' was a mathematical abstraction which brought together the diversity of human characteristics and conduct in the form of 'the mean.'

The virtues of the average man thus comprised "rational and temperate habits, more regulated passions, [and] foresight, as manifested by investment in savings banks, assurance societies and the different institutions which encourage foresight"...With the noncriminality of the average man, Quetelet frequently juxtaposed the criminality of vagabonds, vagrants, primitives, gypsies, the 'inferior classes,' certain races with 'inferior moral stock,' and 'persons of low moral character' (Bierne 1987:1159).

His conception of the 'average man' or *l'homme moyen* was the central value about which measurements of human traits were grouped according to the normal curve. The 'average man' began as a way of summarizing the normal human characteristics of a population according to identifiable regularities that could scientifically express 'deviations' from the average. The practical outcome of the average person as a mathematical mean provided a justification for defining those who deviated from it as abnormal (Figure 8.4).

Positivist frameworks provided an account of human moral transgressions, which could be determined by social norms and practices. Francis Galton, for example, divided the subject into two parts: a variable, expressed as a deviation from the norm, and a constant, defined as the statistical mean of a population with the latent elements constituting the

heritable component of individuals (Thurtle 1996:98).⁷⁷ Moral insanity could therefore be defined not just as a specific transgressive event or a cluster of signs signifying personal weakness but also as an example of pathological variance from a norm (Hacking 1990). “The wholesale, and often inappropriate, application of rigid and calculable norms encouraged regularization of irregular, shadowy, and complex bodies in the name of an authoritative and corrective theory” (Stafford 1991:12). Psychiatry, as a body of knowledge intertwined with a set of practices, attempted to demonstrate that physical traits associated with moral character were not randomly distributed amongst the population but could be roughly calculated based upon familiarity with the social standards of the day.

Psychiatry is a way of construing systems of classifications, which provide “a field on which players are cast into various roles they must occupy” (Poulsen 1996:7). The “clinical method” sought to present “illustrative cases” through analysis and detail, and to attempt to establish a theory of moral insanity on the strength of the facts (Bannister 1877:646). The final step was to pass the scientific standard of the medical examination: “With a careful adherence to such methods of observation, based upon broad principles of medical science, the deductions from certain premises will be susceptible of proof and remain established upon a firm and immovable basis” (Bauduy 1879:363).

the question was whether...[the action] and discourse fitted the criteria of a nosographic table. In short...the deed...was subjected to a threefold question of truth: truth of fact, truth of opinion, and truth of a science. To a discursive act, a discourse in act, profoundly committed to the rules of popular

⁷⁷ It is important to note that the eugenics movement was resisted throughout Europe and North America. Dobzhansky, who wrote *Mankind Evolving*, for example objected to the conception of “the normal man” as well as sterilization programs as an effective reproduction control strategy (Thurtle 1996:94).

knowledge there was applied a question derived elsewhere and administered by others (Foucault 1975:210).

The medical examination was central to diagnostic strategies that constituted the contours of moral insanity to construct classifications. Psychiatric science needed “to consider the individual as a whole, in his entire physical and moral constitution, in his past, present and his future. Let us make, in a word, a medical examination, as we would in the case of a patient labouring under any other form of disease” (Falret 1867a:420). This meant that it was “necessary to go carefully back and learn the entire history of the person we are examining” (Jelly 1881:562). The final step to complete the psychiatric diagnosis, and give it scientific precision, was based upon expert consensus on the description of the classification (Falret 1867a:423). The accumulation of case studies published in medical journals and textbooks contributed to a process of consensus formation where experts could rely upon the authority of documented clinical experience. Psychiatric meanings should thus be understood as being determined through a social process of consensus within the context of an expert community.

The discursive formation of the normal and pathological moral self was advanced by a standardizing, individualizing, and globalizing discourse, which is neatly summed up by one expert:

The *standard* by which to measure the perversion is, first, that of the *kind*, that which is fixed by the general consent of mankind; and secondly, that of the *individual*, that which is estimated by the degree of his previous mental development... There exists, therefore, a standard which the *common sense* of mankind has established, by means of which all insane perversions are to be compared, measured, and regulated (Bauduy 1879:268; emphasis added).

Moral pathologization was also legitimated through a reigning ‘common-sense,’ or non-scientific social standard that rested on the relational processes of comparison, a practice that

compared the deviant to the average man. Taxonomies or classificatory systems were used as scientific claims to provide accounts of human nature, which would define the nature of the patient. Psychiatric classification of humans into kinds was based upon a mapping of human difference into identifiable clusters of signs, which were taken as evidence for either moral sanity or insanity. Detailed observation and compiling lists of symptoms was thus paramount in diagnosing and classifying the morally insane whereby “cumulative evidence” should be the goal of clinical observation (Savage 1891:60).

The chief symptoms of moral insanity were irrevocably tied to social expectations and cultural norms: “the primary symptom is usually the inability of the individual to properly adjust himself to his surroundings. He cannot locate his rightful position in relation to his fellows nor determine the relative responsibility and duties of himself and others” (Richardson 1890:363). As such, the spectrum of signs and symptoms of moral insanity were extremely broad and indisputably socially driven. Determining the moral pathology of individuals hinged on a reading of symptoms accorded relevance by the medical expert, which were simultaneously socially relevant. This consisted of directly studying the characteristic symptoms of moral insanity with the aid of clinical observation (Falret 1867a). “The physician ought to seek his criterion for the diagnosis of insanity in pathology...this criterion exists in the very fact of the disease itself, which is made up of physical and moral symptoms, manifested in a certain order; that is, a combination of signs, and not of one alone” (Falret 1967a:416-17). Diagnoses were thus based upon recognition and quantification. The more signs presented, the stronger the clinical certainty that would confirm the presence of moral insanity in the subject under question.

‘Suspicious’ clinically qualified and contributed to the diagnostic process. ‘For instance, when a man of character and good standing is arrested for stealing some article of little value (and of no value to himself) suspicion of insanity would at once be aroused’ (Jelly 1881:562). Those showing some form of social difference were thus subjected to increasing scrutinizing practices. In those instances where uncertainty entered the clinical process, it was required that the clinician *diligently and intentionally search* for signs and symptoms indicative of moral insanity. As Prichard writes: “An attentive observer will often recognize something remarkable in their manners or habit, which may lead him to entertain doubts as to their entire sanity; and circumstances are sometimes discovered, on inquiry which add strength to this suspicion” (1835:20). One patient exclaims: “I have more discipline in Self Control in a week than some of my fellow Creatures have in a lifetime, and at times I tremble on the brink with one foot nearly over” (cited in Manning 1882:372). Experts therefore advocated the medical need to detect pathological symptoms based upon social perceptions of moral abnormality in the subject. This again highlights the social basis of what was considered important to see and to find. Von Feuchtersleben also claimed that it was necessary at times to search for signs such as “carefully concealed passions” (1847:194) because the impulsive passions, which were characterized as the most malignant force of physiognomy are “difficult to conceal, and when they are concealed are apt to betray themselves by their constraint” (1847:156). Physical symptoms such as headaches, insomnia, constipation, and restlessness should also be diligently sought after to confirm the diagnosis (Bauduy 1879:269). Exhaustive enquiries necessitated extensive disclosure and inspection on behalf of the nineteenth-century psychiatrist.

8.6 The Politics of Civility: The Virtues of Concealing and Revealing

The ritual of confession and the tension between concealing and revealing the interiority was deployed as a strategy for diagnosing moral insanity. “How few parents realize that those secret desires and evil thoughts which they had believed so securely concealed from the world, live on openly in the lives of their children” (Williamson 1898:194). By the late nineteenth-century, psychiatrists started to use patients’ “auto-description” or self-disclosure as evidence, information and point of observation for understanding the experience of moral insanity (c.f. Campbell 1887; Hughes 1897; Manning 1882). A patient’s self-analysis was considered highly revealing in the clinical process of determining the subject’s interior moral universe. Indeed, examining the patient’s subjectivity was considered paramount in the clinical process (Kiernan 1886:169). Doctors relied upon letters written by morally insane patients as evident of moral insanity (See Gorton 1895; Manning 1882). However, when the letter did not provide details of “the usual symptoms” the auto-description was rendered worthless. Institutional corroborations of the attending medical expert were therefore necessary because expert declarations and information were held to be objective and factual evidence (Gorton 1895:203).

Dr. H. Manning submitted a letter written by a morally insane man to the editors of the *Journal of Mental Science* which was published in October 1882. Such professional gestures bolstered moral insanity. It not only authorized and proved the subject’s insanity within the psychiatric community; it also provided a case for clinical comparison, and therefore, construction of insanity. In this sense, published patient narratives acted as a diagnostic tool for the psychiatric readership. The man was diagnosed as morally insane on

the basis of an analysis of the contents of his letter because of its confessional nature.

The subject presented anxiety and guilt which was atypical for the morally insane. Claiming that at the age of twenty-seven, he married “hoping the duties of husband, father, neighbour, friend and citizen” would stimulate his affections and “overcome the demon of destructiveness” within him. That he was aware of his transgressive nature contributed to a hopeful prognosis (cited in Manning 1882:370). Confessions in personal writings (and otherwise) were mobilized as “proof” when it corroborated expert opinion and diagnosis. For example, when one patient claimed she was able to control herself when people treated her with respect and dignity: “people do not look down on her and treat her as a ‘bad woman’” which was used as evidence of her madness (cited in Kieman 1886:168).

The practice of confession, however, could also be a source of difficulty. Particularly frustrating to experts were those instances where a patient refused to confess the truth about their moral perversions that was expected by the expert. This is odd, given the expert consensus that the morally insane were inherently untrustworthy and incorrigible liars. Another source of aggravation for doctors was a patient who engaged the experts on their own terms, either by providing personal explanations and reasons for their wayward conduct or by flatly contradicting or rejecting the doctor’s evaluation by presenting personal judgments. Prichard noted this tendency and thus warned his colleagues that the morally insane “often display great ingenuity in giving reasons for the eccentricities of their conduct, and in accounting for and justifying the state of moral feeling under which they appear to exist” (Prichard 1835:21). Prichard wrote that because the passions strongly influenced the morally insane, they were “proverbially liable to error in both judgment and conduct”

(Prichard 1835:21). Patients complaining in letters to others - such as parish priests, friends, relatives - about ill treatment from their families, doctors and hospital attendants, and immoral conduct in the asylum were typically ignored or suppressed (Gorton 1895). Gorton, mainly concerned about the reputation of the hospital, feared that outsiders might "get the impression that the hospital was a hot-bed of vice" because of the patient's statements which should be suppressed (1895:204). When subjects resisted and countered the experts' professional opinions, analyses, diagnoses and claims, a host of dismissive, negating, trivializing, and silencing tactics were deployed at the behest of the all-knowing and all-seeing psychiatrist. In addition, the patients' resistance could be taken as further evidence of their condition (Clark 1887).

Another tension between the expert and the patient was expressed by psychiatrists' concerns about the patient's lack of personal concern about their conduct. Concealment of 'one's true nature' or the truth of one's acts was considered symptomatic of moral insanity. This is illustrated in the following adjectives that were routinely included in case studies: deceitful, lying, dishonest, cunning, manipulative, et cetera. The morally insane "find plausible excuses with which to deceive" (Anonymous 1857:361) and were known to give "some excuse for failure and faults, which are entirely in themselves - for a course of conduct really due to a sort of moral insanity" (Maudsley 1868:155). Manning includes this description of one patient's attempts to present himself in a positive light when in fact he was undeniably mad: "He violently maintained his sanity past and present, [and] I told him that though I believed him insane, I would if he liked treat him for a time as if he were sane" (Manning 1882:372). The morally insane's tendency to reveal what should 'naturally' remain

hidden or private, such as sexual desires or the utterance of obscene language, was also documented as proof of abnormal moral interiors. Thus the morally insane were caught in a type of social double bind. On the one hand, they were pathologized for concealing what was socially expected they reveal in the name of honesty and forthcomingness, virtuous qualities of upstanding and normal individuals. But the contrary was also true; revealing that which should remain hidden was taken as symptomatic of social and moral abnormality. The disregard for social conventions and rules about matters that should remain private was interpreted as not only improper and distasteful but also abnormal and indicative of psychopathology. The morally insane “do not attempt to conceal...propensities, tastes, and emotions” (Addington cited in Tuke 1891a:48). The first and primary duty of psychiatry and “the educational artist of physiology” were to reveal the character of the subject by acting as “the one supreme, confidential ‘Father confessor.’” This process also entailed studying the character, proclivities, defects, conduct, and eccentricities of the parents (Jordan 1890:88). However, in gathering “hereditary material for the trainer’s guidance” the collector of the data was alerted to the possibility that some confessions “may be disguised, or falsified, or misreported, or misread, or wilfully withheld” (Jordan 1890:89). Attempts to mask the essence of the interior by adopting techniques of concealment or disguise were considered practices of untruth and a sign or symptom of moral insanity. This ‘looping effect’ (Goffman 1961:36) further contributed to the mortification and dehumanizing process of the asylum as a total institution. Rendering subjects as morally insane always already entails the possibility of continually gathering ‘evidence’ and ‘proof’ of immoral and dangerous conduct on behalf of the virtuous moral police, whether formally, semi-formally or informally. Regardless of

the form of governance and relations of domination exercised, the morally insane were in nature untrustworthy, disreputable, and unstable.

This was particularly so in cases where women engaged in practices of allure. Sexual attraction was considered a ‘natural’ trait that required no effort on behalf of the virtuous woman. When sexual attraction became a motivated personal enterprise psychiatrists viewed this as a revealing pathology. Sexual attractiveness was considered a natural endowment of femininity, and not something modest normal women intentionally practiced. Engaging in physical practices of concealment in order to hide deformities of the body or the defects of one’s complexion, for example, was morally “unbecoming,” as was revealing parts of the body or character that were sexually oriented. Such practices reduced the female race to mere sexual slaves of men’s sensual desires, thus corrupting “all the finer feelings of human nature.”

Whenever, in any nation or people, the women have made it their great object to acquire or display meretricious charms, they have lost in moral beauty what they have gained in external appearance. The charm of modesty, truthfulness, and simplicity, is lost to the character, and the morals themselves have become insensibly depraved (Anonymous 1851a:41).

The assumption that sexuality was based on a ‘natural attractiveness’ also normalized the coupling of opposite sexes and thus naturalized heterosexist, patriarchal, monogamist discourses. Interestingly, moral insanity did not entail any discussion on homosexuality. This is probably best explained by its medical appropriation as a distinct disorder justifying its own classification of ‘perversion,’ ‘inversion,’ or “uranium”⁷⁸. Yet, the issue of “sexual

⁷⁸ Goldman refers to the person of a homosexual orientation as an “uranium.”

habits" or practices was a late nineteenth and early twentieth social and political issue which was (at least) addressed by Emma Goldman, a prominent anarcha-syndicalist. Due to the medical stigmatization and criminalization of fellow anarcha-feminist, Louise Michel, Goldman publicly rallied and argued in support of all "people of a different sexual type...[who] are caught in a world which shows so little understanding for homosexuality." Denouncing society for treating different sexual practices or habits as deviant she spoke out against the crass social indifference "to the various gradations and variations of gender and their great significance for life." Identifying the social ostracism and persecution, Goldman claimed that amongst her "male and female friends, there are few who are of either a completely Uranium or a bisexual disposition" (2004:112-3). Referring to a scientific essay provided by Dr. Hirschfeld on the "alleged homosexuality of Louise Michel" Goldman rejects the heterosexist and patriarchal sectarianism of bourgeois medicine expressed by von Levetzow's report:

[H]e has an antiquated conception of the essence of womanhood. He sees in woman a being meant by nature solely to delight man with her attractiveness, bear his children, and otherwise figure as a domestic and general household slave. Any woman who fails to meet these shopworn requirements of womanhood is promptly taken as a Uranium by this writer. In light of the accomplishments of women to date in every sector of human intellectual life and in efforts for social change, this traditional male conception of womanhood scarcely deserves regard any longer. Modern woman is no longer happy to be the beloved of a man; she looks for understanding and comradeship; she wants to be treated as a human being and not simply an object of sexual gratification. And since man in many cases cannot offer her this, she turns to her sisters (Goldman 2004:114).

The androcentric and masculinist concerns with 'polite,' 'civil,' and 'respectable' behaviour manifested in the dominant feminine norms prescribed by bourgeois medical science. The

essentialist construct of womanhood as pure and motherly should be further understood within the context of the moral panic of prostitution or “the trade in white slavery” or “the white-slave traffic” which saw “commercialized vice” as an abomination to civilized society (Ryan 1837).

Non-conformist sexual practices were associated with the “immorally alluring” practices adopted by prostitutes in their “evil trade.” Psychiatric accounts were used as a threatening example of lapses in moral conduct that could produce moral insanity and other forms of illness. They acted as cautionary tales to which even virtuous women could fall prey. Practicing physical and sexual attractiveness endangered those natural feminine characteristics of moral or “inner” beauty of the masculinist and androcentric imaginary characteristic of the age. Prichard, like his followers, equated femininity with morality. For example, a morally insane female is described as “violent and abrupt in her manners, loquacious, impetuous, talks loudly and abusively against her relations and guardians, before perfect strangers. She sometimes uses indecent expressions, and betrays without reserve unbecoming feelings and trains of thought” (Prichard 1835:25). Thus the privileged white man’s desires were translated into normative gender traits; moral insanity provided the scientific legitimization for human marginalization, stigmatization, and persecution both between the sexes and within each sex, fracturing and reorienting identities through a bourgeois prism of moralizing judgment.

In terms of social status and prestige, the medical diagnosis of moral insanity was not a “fashionable disease” for middle and upper-class women as were neurasthenia (depression) and other nervous disorders in the nineteenth century (Wood 1973). Moral insanity, on the

other hand, was concerned more explicitly with "character." The diagnoses implied that any display or measure of incivility, degeneracy and moral turpitude indicated a denigration of feminine character. Nervous disorders such as hysteria became the leading category of illness, accounting for two-thirds of all disease, and the new middle-class nervous body was viewed with considerable alarm: many middle-class women were diagnosed as suffering from hysteria (Bynum 1985; Smith-Rosenberg 1985).⁷⁹ The new nervous body, however, was thus the consequence of a class-specific form of social life brought on by such middle-class conditions as year-round urban residency, the dynamics of the stock market and so forth. The lower class, by virtue of its poverty and working conditions, was still considered immune to the diseases of wealth. The fear of a nervous epidemic focused on the middle classes and its social environment (Logan 1997; Smith-Rosenberg 1985).

Practices focusing on the haughty medical goal of deciphering human essence necessarily relied upon empirical readings of real, tangible bodies. Revealing the concealed, however, was also a psychiatric practice aimed at men who, for example, tried to mask bodily traits in attempts to hide their inferior character. Campbell thus documents a description of a morally insane man, who, in his duplicity, wore "a full beard which concealed a weak mouth and chin" (1887:77). The problem was not simply one of rendering an equivalence between the body and the character through a corporeal signage of the soul, but also, of what was interpreted as the patient's deceptive tactic of wearing a beard to conceal 'the weak chin' which was indicative of his "weak character." Future parents were

⁷⁹ For historical studies on the prevalence of diagnoses on "nervous conditions" in the nineteenth century see Bynum (1985), Oppenheimer (1991), Scull (1981), Smith-Rosenberg (1985) and Veith (1965).

thus warned about concealing immoral desires. The morally respectable family was based upon a combination of monogamist, biocentric,²⁰ androcentric and functionalist sexual purity discourses. This helped entrench moral regulatory practices of the self and others, at the level of everyday operations and interactions by appealing to theological science based upon Protestant goals, values and practices. The family also was an important site of community networks and one's status of social respectability, yet it was also seen as a source of denial and concealment of the truth of degenerate members. Families were chastised for their tendency to conceal the existence of moral insanity from the proper medical authorities. The lack of forthcomingness on behalf of families was viewed as a barrier to social hygiene and disrespectful in itself. Falret complained, "there is often the greatest difficulty in bringing the relatives of patients" to admit the existence of moral insanity through denial which prevents consent for committal (1867b:53). A common complaint of doctors was the intentional with-holding of information by family and friends, who "commonly imagine there is something disgraceful in admitting the existence of long-standing mental infirmity, or hereditary pre-disposition to it on the part of those whom they place in the asylum" (Hayes 1864:534).

The trained eye of the psychiatrist could through the scientific precision of the clinical process reveal what the morally insane concealed, with or without their assistance or cooperation. Further, through a diligent and careful probing of the individual's appearance,

²⁰ Biocentrism can be defined as the dominant and dominating logic of biology in explaining human behaviour and human collectives. It is a concept which helps identify and confront biological determinism and reductionism in the history of the human sciences.

habits, conduct, desires and so forth, the clinical process would also reveal the nature of the condition itself. Once stamped with moral insanity, patients could no longer "pass as normal" because the signs were amplified and could therefore no longer be hidden (Goffman 1968).⁸¹ Psychiatrists thus engaged in a game of surveillance whereby every detail of the patient needed to be exposed in the clinical confession. Every trace of immoral pleasure, craven desire and repugnant act thus had to be examined, analyzed and documented culminating in the medical revelation of moral insanity. Studying clinically "the whole body of physical and moral phenomena which the history and present condition of our patient afford" was essential for discovering abnormalities (Falret 1867a:420). Techniques of surveillance and detection were thus paramount for discerning the existence of immoral subjects, particularly when the confession as moral technology failed to surface in the clinical process.

Not all families tried to conceal the problem of moral insanity within their homes to maintain their moral standing within their communities. Medical authorities carved out a social niche to assist in family matters and problems. Scull (1979) explains the changes that occurred in nineteenth-century psychiatry such as the lunacy reform movement and the growth of asylums, by examining the forceful impact of both industrialization and urbanization. The displacement of agrarian communities produced families who could not or would not assume responsibility for problematic family members, thus creating a demand for

⁸¹ Looping is essential in total institutions and the dehumanization inmates are forced to undergo in the name of 'reformation' (Goffman 1961). This might best be understood as 'breaking the person' much as a wild horse is 'broken' or tamed and domesticated.

institutional solutions. He argues that economic calculations were responsible for the growth of county asylums because families rendered vulnerable by the upheaval of traditional social networks could no longer maintain and support unproductive and disorderly members. Instead families began to rely upon the assistance of asylum doctors, thereby replacing what had once been a familial duty and responsibility to take charge of all members in the home. Thus, nineteenth-century doctors did not simply ‘act from above’ by imposing their visions on a globally coerced population. They were, to some degree, responding to the frustrations and demands of families in their communities (Skultans 1979:9). Corroborative testimonials by family were considered “truth of evidence” (Gorton 1895:202) and contributed to the medical evidence used to legitimate diagnoses. Acting as everyday ‘witnesses’ to morally insane behaviour, family members became key interlocutors in advancing psychiatric narratives. For example, Gilman relies upon a father’s narrative: “To this disease, his father attributed a waywardness of temper, a recklessness of consequences, and a want of truthfulness, by which the boy was distinguished from his earliest years, and which parental discipline never could eradicate” (1857:4). Psychiatrists routinely documented observations made by schoolmates and friends. Testimonials from friends after the death of a morally insane boy, for instance, contributed to the post-mortem diagnosis. “He was always a strange boy” or “I thought he must be crazy” were remarks made by former acquaintances and documented in the clinical file as evidence of the psychiatric diagnosis (Gilman 1841:8). Thus, the lay person’s opinion was included insofar as they could describe either the subject’s ‘conventional’ or ‘normal’ way of behaving, and the deviations there from. The family served a vital function in the visibilization of the morally insane. Operating as the

machine of responsibility for its members, particularly the moral and physical rearing of children, families committed themselves to processes of moralization and normalization in the name of the welfare of the ones they loved. When socialization, education, and discipline failed, experts were notified and contacted on behalf of frustrated and exasperated familial members who thus were also active agents in the constitution of moral insanity.

8.7 Atomized Subjection

One particularly forceful strategy in the psychiatric representation of transgressive or morally insane subjects was the technique of ‘atomized subjection.’ This process differs from normalizing techniques of individualization in the sense that it is a mode of subjection internal to the individualization process. In other words, the atomization occurs within the unfolding of the self through the temporal “lifespan” or chronological existence of the individual, which could also be documented by visual representations. It was a mode of *spatio-temporal comparison* which pivoted on contrasting the subject to her/himself through which the patient “should be compared not so much with others as with himself: in this sense a man is properly a ‘guide unto himself’” (Jelly 1881:562). This psychiatric method of calculating moral insanity consisted of subjecting the patient, who on one level transgressed dominant social codes of conduct and desire, to another criterion whereby the patient, who was viewed as a previously normal/moral subject becomes divided from itself. This is most usefully understood through those rhetorical practices that claim, for example, “she is no longer her self.” It implied a change in character as a form of loss of the typical or normativized self and occupied a central strategy in diagnosing the morally insane. Indeed, the tactic of atomized subjections was pivotal in the test of moral insanity. As Bannister

declared: it was imperative to compare the patient with his normal self (1877:662) precisely because this type of “change in character including moral perversion” (Tuke 1892:814) was the most decisive diagnostic test of all.

Comparative techniques contrasted the former moral character to the newly emerged troubling immoral one. The former self was represented and naturalized as normal, moral, in short, good, while the new and changed character was rendered pathological by the relational contrast. A double movement of abnormalization and pathologization thus occurred: first, the subject was pathologized in relation to reigning cultural standards and thus rendered socially abnormal, and second, the subject was appraised in relation to its established interior because the strongest and most reliable form evidence was the change which took place in the individual’s character and habits (Bucknill and Tuke 1858:182). The morbid change of character was thus weighed, compared, and measured in relation to its own socially scripted normativity.

This means we need to understand the designation of ‘the normal’ on two separate yet connected planes. First, the constitution of the normal was a type of social appraisal or ‘measurement’ of ‘civility,’ which referred to ‘the mean,’ ‘the average’ or ‘the optimum’ connected to the social requirements of achieving the ‘normal status’ of individualism. This draws attention to the mathematics of madness; statistical assumptions about ir/regularities of conduct in addition to the perception of moral regularities of the social population assisted in the formation of the morally insane as a social group which deviated from the average. Second, it also referred to a culturally scripted edifice, which signified or designated ‘the desirable’ and ‘the respectable.’ personal ethical goals to which all normal individuals should

naturally aspire. Entirely a socially-oriented and socially-based evaluation, the constitution of the normal was a cultural code and prescription which is most helpfully conceived as a combination of social forces both external to the subject, yet inherent in its constitution. Moral pathology could thus be evaluated on the bases of sets of norms or codes morally obedient and disciplined subjects adhered to.

The pathological change in character and temperament, from the former normal and moral self, was viewed as both an indicator and cause of moral insanity. The “new” immoral self was perceived to be, for example, “quite contrary to his former disposition” (Gilman 1841:10). The character “which, erewhile, was mild, equable and cheerful, has become irritable, changeable, morose or perhaps extravagantly joyous. The loving husband has become harsh and tyrannous, the tender parent has become capriciously cruel to the children” (Workman 1883:337). Prichard describes a patient: “His temper and dispositions are found to have undergone a change; to be not what they were previously to a certain time; he has become an altered man” (1835:21).⁵² Similarly, another morally insane man is recorded: “Before moral, quiet and law abiding, he became immoral, boisterous and aggressive in disposition” (Richardson 1890:366). The diagnosis of a changed character was viewed as the result of a cumulative loss of civility and moral sensibility, which was further condemned for a lack of demonstrable conscience that failed to elicit some display of guilt and shame. Historically, the civilizing process included a rationalized moulding of emotions so that the

⁵² There were some exceptions to this diagnostic rule. For example, Jordan argued that while a person may appear to have undergone a radical change in character this presentment was in actuality due to a “deeply-seated evil” coming to the surface (1890:9).

experiences of shame and embarrassment were occasioned by force of habit. This force became a habituation to conform to, and respect, social codes of conduct, and therefore conduct oneself accordingly: this materialized through a social display of shame signifying moral worth. Self-steering capacities or the internal mechanisms of self-restraint became linked to a fear of transgressing social prohibitions through which the production of inner anxieties could be understood as the result of external forces which commanded a compulsion to act in accordance with social rules (Elias 1994:492-5).

A particularly effective mode of regulating conduct was the fear of transgression and the social degradation of the self which accompanies the unallowable or peculiar. This regulatory fear, however, appeared to have no impact or effect on the morally insane, which was again recuperated as an effect and symptom of the disease. Transgressive and subversive conduct was expected to elicit the exteriorization of particular forms of emotional display, such as humiliation, embarrassment, and shame; emotions considered to represent a conscience-ridden awareness of one's transgression of, and digression from prescribed conduct. A sane individual *ought* to experience the force of norms s/he has violated. Thus, moral character was expected to be regulated by a moral sense that should be displayed by recognizing the extent of one's social and moral violation. But the lack of a moral faculty prevented the morally insane from governing themselves in socially upstanding ways. "The conscience, like a wise and faithful legislative council, performs the office of a check upon the moral faculty" (Rush 1836:9). Rush was one doctor who argued that the moral faculty should not be confounded with conscience, that in fact, the conscience was a distinct and independent capacity of the interior. "[T]he moral faculty performs the office of a lawgiver,

while the business of conscience is to perform the duty of a judge." While the moral faculty exercised itself upon the actions of others, the conscience highlighted the activities of the *rapport a soi* because it "confines its operations to its own actions." Virtue and vice existed only in action, and this action had its seat in the will. Thus, according to Rush, immoral conduct was connected to volition which was further tied to social order. "The state of the moral faculty is visible in its actions, which affects the well-being of society" (1839:2).

Elias (1994:492) argues that the feeling of shame is the fear of other people's gestures of superiority and the threat of lapsing into inferiority, an experience in which the self is irrevocably bound to others. The failure to adhere to once-accepted moral codes coupled with the subject's ability to understand and display intelligent powers troubled the experts and informed the definition of the disease. Consider the following expert claim:

Their moral nature seems to have undergone an entire revolution. The sentiments of truth, honour, honesty, benevolence, purity, have given place to mendacity, dishonesty, obscenity and selfishness, and all sense of shame and self-control have disappeared, while the intellect has lost none of its usual power to argue, convince, please, and charm. (Ray cited in Ordonaux 1873:320).

Thus the atomized subjection of the (new abnormal) self in relation to the (former) self was based upon identifying "a departure from one's normal self ...[and] could be proven or subjected to, the rigid scrutiny of scientific analysis" (Bauduy 1879:265; Woodward 1844). The 'insane' character of the act and the defect of the subject's character were used to secure a diagnosis of moral insanity. This can also be witnessed in those cases, for example, where individuals of "strong religious natures and convictions, suddenly become rash, intemperate, obscene, desperate and utterly depraved" (Bauduy 1879:266). The pathologization of the

subject was based upon the relationship of two dividing practices; divisions resting upon the demarcations between the self to others, and the self to the self.

A major concern over ‘dangerous transformations of character’ was that an impetuous, desiring, passionate, and impulsive subject replaced the once predictable, calculable, and stable self. This mode of pathologizing the morally insane squarely focused on the presumption of a stability of knowledge of others in contrast to what was routinely referred to as ‘a changed person.’ Changed habits manifested in a newly ‘embodied immorality,’ a new character which challenged epistemological continuities of the subject. While the changed character must necessarily be understood as defined by transgressions of sedimented cultural prescriptions for upstanding conduct, it is also a form of transgression based upon the socially accepted and established characterization of the individual already normalized. Thus the medical technique of diagnosing the essence of character as a unit of perceptibility and identification is always already connected to the social and cultural terrain of which traits and temperaments are important to possess and express in the subject’s embodiment. It is also connected to which characteristics were accorded relevance in normalizing psychiatric judgments that were simultaneously social judgments. Therefore the identification of interior essence as the moral materiality of the soul contributed to the constitution of the morally insane subject as a self-undergoing ‘morbid change’ presuming a ‘normal subject’ prior to course of illness or degeneration.

The idea of an individual undergoing ‘morbid change’ assumes that change to some degree is abnormal, yet is implied in teleological models of human development. Thus a distinction also needed to be made between healthy, normal change versus those changes

perceived as disturbing, deranged, dangerous, and the like. Dividing changes into this binary simultaneously reinforced the existence of a once ‘normal subject’ and a current ‘diseased or sick subject’ in need of medical attention or guardianship. Deciding the nature of change also required an estimation of good and bad, social judgments which acted as normative psychiatric frameworks from the perspective of the psychiatrist. In this context, then, we need to understand that psychocentrism individualizes transgressions through the rhetoric of character which itself is culturally defined. Yet the subjectifying forces of psychocentrism had an alienating effect on the subject who was atomized or excised from her/his social history and culture and made a ‘specimen’ for the educated man of science. The clinical process of selectively appropriating what changes are considered good or evil entailed a form of medical subjection where not only the *rappoport a soi*⁴³ was pathologized by experts. The disruptive, unpredictable character of the morally insane in large part presented a challenge to the “masters of madness” (McGovern 1985). Medical masters of morality preferred to frame the occurrence of moral insanity in the ‘civilized’ classes in less biological terms: the upper ranks were the subject of moral remonstrations due to bad choices rather than a bad organization or inferior constitution; an explanation largely reserved for the underclasses or those in the ‘lower stations’ of society.

The humanist conception of the stable embodied self formed the force of, and basis for, moral pathologization. Psychiatric approaches to the self implicitly assumed and relied upon a narrative in which “self” was understood as developing in a predictable, unilinear,

⁴³ The subject’s “relation of self to self” (Foucault 1982b).

teleological history - a natural progression of stages - while the "core," the essence of the soul, *the inherent character*, remained "static" and therefore presumably knowable and calculable in its embodiment. The disruptive, unpredictable character of the morally insane in large part presented a challenge and resistance to the social order but it also provided the basis for the psychiatric ordering and classifying deviance and deviants.

8.8 Conclusion

The ideal of unmediated knowledge in psychiatric texts is the result of the general condition of Western positivism. The construction of such canonical texts is based upon a Cartesian desire for epistemological certainty that is political because such practices are exclusionary, marginalizing, inferiorizing and therefore silencing and dehumanizing. But this was the lateral or secondary effect of psychiatric power. The power of psychiatric practices is firstly, as Foucault has shown, productive. Psychiatric acts and practices need to therefore be understood as exercises of technical expertise and power based upon a situated subjectivity legitimated by the prevailing social hierarchies. This understanding throws light on the association, between madness and (subject) silence, as well as madness and (corporeal) expression. It also highlights the constitutive nature of material practices in creating psychiatric versions of the soul and the invisibility of those practices that created the psychiatric text as documentary systems. Since all texts work to present a certain picture of reality, it is always a question of re-presentation through mediation. The truth of psychiatric texts was espoused from the situated bourgeois subjectivities of the expert diagnosticians, who were also upstanding, morally righteous citizens. Psychiatric texts can thus be analyzed as representations of truths held within a social context and from a situated position that also

provided the terrain for the construction and legitimization of those truths from the dominant perspective.

The clinical descriptions were configured and re-presented in systematic and logical representations of the world and taken as unproblematic, with any difficulties being solely technical. Medical physicians organized their gaze in a systematic and habituated manner - rules set out by both social and canonical conventions. Empirical observations are thus pre-structured in terms of the rules of ordering and compiling of a list of symptomatic characteristics that defined the categories of classification. The recognition of 'subject lack' or 'subject excess' was based upon quantifying practices and provided forms of representation which incited and imposed a language of order through textual practices. But the textual practices also hinged on a series of 'invisibilized' practices that occurred within the space of social interaction between the observer and the observed. The textual forms and practices of constructing clinical cases and case files as "dangerous subjects" must also be understood as reflections of the organization of the social world - reflections constituted by a dominant social ordering and rationalism necessary for capitalist production and accumulation.

Everyday conduct, impulses, passions, moral dispositions, habits and inclinations were compared with a generalized human standard defined predominantly by the traits of the scientific definers themselves. Further, normativized standards of the self were also used to construct the dangerous subject as either unpredictable or noticeable in 'marked' changes. This relied upon corroborations by acquaintances and intimate relations of the patient, or those who were in the knowing or "inner circle." Hence, the conduct deemed most significant

depended on securing a diagnosis that could be contrasted and compared with the ‘good subject.’ Thus the previous presentation of character of the patient was used as evidence of a good citizen turned dangerous. This, to some extent, hinged upon enlisting the subject’s social network for testimonials. The disciplinary clinical practices of nineteenth-century psychiatry functioned like telescopes, microscopes or other scientific instruments by establishing a regime of visibility in which the observed and observations were distributed on a common plane of sight. Operating on an empirical logic and based upon the practice of documenting detail, the evaluation and regulation of the morally insane established a “grid of codeability” in the pursuit of ‘knowing’ the interiority of the patient. This contributed to the formation of a plane of sight and a means of codeability that established a grid of perception for registering the details of individual conduct (Rose 1985:132-3). The representation of morally insane patients did not only amount to “the reconstruction of a case history” but produced a matrix of regulating practices which operated through a value-based selection among a body of facts. The ungovernable subject was thus assembled according to a bourgeois moral coding system of interpretation and significance.²⁴

The psychiatric apparatus isolated and dissected the abnormal in order to establish the parameters of normality and to maintain the ‘health’ of the social body. By extracting the deviant individual from the social mass, examining her/him in isolation and subjecting her/him to “an indefinite discourse that observes, describes and establishes the ‘facts’” psychiatry compiled the totalized case files that are characterized, categorized and

²⁴ Coding techniques act as moralizing judgements in scientific or objectivist terms (Riot 1975:235).

hierarchalized by specialized forms of knowledge (Foucault 1979:226). Central to psychocentric hegemony was deciding in order to see and document the morally ungovernable, which entailed a positivist philosophical commitment to the notion of unmediated empiricism or ‘absolute truth’ as fact. As more than simply neutral and realist representations of the natural subject of psychiatry, or as a set of applied objective scientific practices, the ensemble of scientific procedures mobilized by psychiatric experts, in effect, socially constructed and produced the visibilization of the morally ungovernable as an abnormal human population to be known and studied. The power of ‘knowing’ the interior was based upon the ability to expertly read the corporeal manifestations displayed by the subject, and this reading was achieved at the expense of those who were subjected to the power of the clinical gaze.

The itemization of myriad traits, characteristics, habits, conduct, temperaments and the like, of the morally insane not only provided the substance for the discursive production of a moral pathology through textual practices of specification, identification and authorization but equally insidiously, served to define, maintain and reproduce cultural standards of the normal moral being in the name of psychiatric science. The absence of gestures as well as those, which were present in excess, informed the clinical inventories taken by physicians. This demonstrates that psychiatric description and moral prescription were not mutually exclusive: *what was* described simultaneously stated *what ought or ought not to be* present in the subject. Thus implicit in the technique of description are social accounts of desirability and undesirability. The politics and practices of concealing and revealing, and identifying quality and quantity were interconnected in the diagnostic regime

that contributed to the discursive formation of the morally insane individual. This was an instance of how the unseen interior became perceptible and exteriorized through a practical process of decoding, interpreting, and documenting the immoral soul.

The social and political analysis of medical texts is one which questions how one actor (the doctor) is able to determine and speak on behalf, and therefore silence, the Other (patient/the abnormal/the unfit) within conflicting authoritarian paradigms in relation to different cultural contexts (suffering, imprisonment, celebrations). Examination reports, publications of case studies and clinical articles took the form of clean, neat and orderly summaries, which renders the target as subject as a particular or partial truth within a regime of truth (hegemony). These material practices took the form of expert documents with condensed and simplified content to convince those who read it, but also to act as an aid or tool for other psychiatric experts engaged in the diagnostic process. This process of homogenization hinged on the contingencies of strategies of simplification and discrimination (Law and Whittaker 1988) which constructed a universal subject (the morally insane) through the objectification of perceived characteristics; whichever conduct and signs became chosen and identified as abnormal, immoral, insane, and so forth. The fact that the subject does not participate in this process highlights its politic nature. Further, such a procedure renders the subject controllable through acts of clinical selectivity, which inevitably rely upon exclusionary and silencing practices. These practices, as I will discuss at greater length in the next chapter, relied upon reading bodies as semiotic texts – interpretations that were socially incited, organized, prescribed, and indeed, professionally expected. As a representation that relied upon the capture of a few essential images the

medical text used an “exclusive image parading as a totalization of an imagined, or dictated, soul” (Poulsen 1996:4). Rather than an empiricism that unveiled that which had always existed, the constitution of moral insanity must, to some degree, be understood as an empirical project coupled with the practices that created it.

Figure 8.1 “A Case of Moral Insanity” (Tuke 1885)



Figure 8.2
Erotomaniac A (Morrison 1843:78)



Figure 8.3
Erotomaniac A, Cured (Morison 1843:80)



Figure 8.4 Quetelet's "Normal Head" (1871) (in Bieme 1993:91)

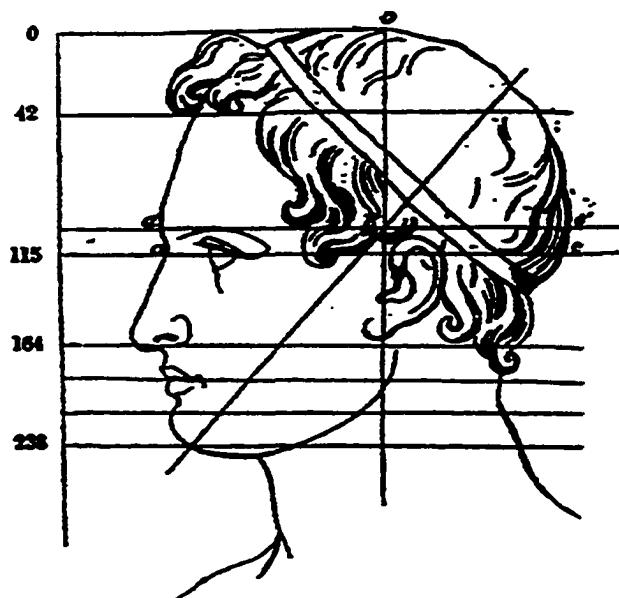


Figure 8.5
Erotomaniac B (Morison 1843:82)



Figure 8.6
Erotomaniac B, Cured (Morison 1843:84)



CHAPTER NINE: INSCRIBING THE SOUL: PSYCHOGRAPHY AND CORPOREAL HERMENEUTICS

Interiority is an effect and function of a decidedly public and social discourse, the public regulation of fantasy through the surface politics of the body (Butler 1990:136)

The movements of expression in the face and body... give vividness and energy to our spoken words. They reveal the thoughts and intentions of others more truly than do words, which may be falsified (Darwin 1872:364)

Degeneracy betrays itself among men in certain physical characteristics (Nordau 1898:17)

All mental action is known to us only by its expression in movement...A single movement of an individual part of the body is less often considered as a sign of mental action...From this point of view the study of mental action is simply a study of visible movements and the corresponding brain action; we are concerned with their accurate description, their causation, and outcome...The greatest number of signs that we have to observe are movements of small parts of the body, parts of small mass and weight, such as the eyes, the mobile features of the face, the hands and fingers (Tuke 1892:821).

Perhaps in the whole range of psychology there is no subject so deeply interesting as this; for it is in moral insanity that man's spiritual and moral nature is the most awfully and most distressingly subject to his corporeal frame (Anonymous 1851b:34).

This chapter argues that the historical efforts to medically regulate moral transgressions and treat them as abnormal were premised on a materialist conception of the soul that was 'empirically' read from the body. It follows the work of contemporary social theory that positis that the materiality of the body can be understood and approached as an inscribed 'text' (c.f. Carroll 1996; Cohen 2003; de Certeau 1984; Poulson 1996; Rimke 2003; Stafford 1991; Vila 2004). Nineteenth-century psychiatric attempts to provide and sustain a medical doctrine of immorality were advanced through a hermeneutics of the body in which the interior depth of subjects was assessed by means of the body's surface,

structure, and movement or performance. The social history of the psychiatric invention of the category moral insanity centered on the co-constitution of ‘inferiorized’ bodies as recognizably immoral *and* insane, and was inscribed as such. This chapter implicitly critiques a notion of interiority as fixed, essential, bounded, asocial, and ahistorical. As such, it provides an illustration of how social practices and technologies of the body both contributed to and were the result of exterior processes of social power that were literally inscribed on bodies. It argues that psychiatric experts have read morally mad bodies as a social text within a cultural context preoccupied with combating what was perceived to be increasing vice, disease and contamination in the nineteenth-century. The “semiotics of materiality,” will be addressed, as will the ways in which psychiatrists documented and represented the morally mad in relation to conceptions of classed, genderized, and racialized bodies. This emphasizes the relational effects of networks of materially heterogeneous elements which produce knowledge, power and subjectivities (Law 1999:4).

Such an appropriation of hermeneutics refers to those interpretive modes through which bodies are assumed to indicate or bespeak some aspect or essence of the self through manifest or internal physical characteristics, movements, constitutions, or conditions that can be decoded and known. Interpreting ‘body language’ or ‘nonverbal communication,’ for example, assumes that the body displays meaning intentionally or inadvertently, thus acting as a kind of ‘silent speaker’ of inner truths, all of which presumably can be perceived and deciphered by the expert interpreter. Psychiatric bases of knowing the interior psychic life of subjects were to a large degree based on a hermeneutics that deduced corporeal performativity to the interior movements of the soul. Through vision and sight, “man is

recognizable by man; that is, so far as his interior is expressed in the exterior" (von Feuchtersleben 1847:97). Using a hermeneutics of the body as a way for understanding the constitution of transgressive interiors is an approach that interrogates the ways in which the exterior body provided a psychographical regime for the psychiatric repository of interior knowledge. For psychiatrists, the body as object provided an avenue for gaining knowledge of the interior. The body therefore became the terrain for seeing and knowing the soul, which it literalized, actualized and materialized through practices and representations which further provided the empirical verification of theoretical hypotheses on morally dangerous individuals.

9.2 Reading Morally Insane Bodies as Social Texts

The explanation, detection, and evidence of moral insanity in nineteenth-century psychiatry can be understood through the following hermeneutic modes of recognition, capture, and interpretation: (1) the moving or animated body (i.e., gestures, motions, expression, conduct); (2) a corporeal architecture such as facial characteristics (i.e., nose, face, eyes) or the internal structure (i.e., nerves) or inner organs (i.e., the brain, the bowels); (3) a corporeal morphology, or the profile and physique of the body; (4) the adorned body; and (5) the desiring body. The dissertation considers each in turn.

Phrenology was a key nineteenth-century attempt to extend a hermeneutics of the body through a quantification and calculation of the interiority. Referring to phrenological science, Kitching cites Sir Henry Holland as stating that phrenologists "rightly regard it as probable, or even as proved, that there is a certain plurality of parts in the total structure of the brain corresponding to, and having connection with...the moral faculties" (1857b:390).

Kitching also assigned the “upper and hinder parts of the head as the seat of the moral faculties” (1857b:390). Another influential phrenologist, George Combe, writes in his *System of Phrenology*:

The coronal region of the brain is the seat of moral sentiments, and its size may be estimated by the extent of elevation and expansion of the head above the organs of causality in the forehead and of cautiousness in the middle of the parietal bones. When the whole region of the brain is rising above these organs is shallow and narrow, the moral feeling will be weakly manifested (1830:112).

The study of the external cranium and central organ revealed and indicated the temperament and moral faculties and characteristics. This was still the case at the end of the nineteenth century, which can be seen in Merton’s (1899) and Carus’ (1900) phrenological imagery ([Figures 9.1 and 9.2](#)). This meant that persons with peculiar or abnormal physical constitutions could be identified with the medical gaze of the exterior, providing empirical evidence that the malformed head, face and neck, required a ministering from phrenological authorities. Physiognomists of the soul, however, mapped the interior on the whole body ([Figure 9.3](#)), unlike phrenologists.⁸⁵ It is significant to note that Buchanan’s anthropological physiognomy or “system of sarcognomy” inscribed the female genitals and reproductive area as “the region of insanity,” the buttocks with “hate,” and the legs the “region of animality.” This is fitting with historical western cultural dress codes where ‘chaste’ and ‘modest’ women were not to expose their legs in public, which was taken as an immoral unveiling of

⁸⁵ Physiognomy and the move to capture the interior through photographic techniques and representations also made an impact on the construction of sociological knowledge. Celebrating physiognomic knowledge, Walter Benjamin (1979) for example, considered the portrait fundamental for developing the ability to read faces in order to determine different facial types that he postulated was necessary for the project of constituting a new social order to replace the capitalist system.

the flesh, which virtuous women ought to conceal.

Moral insanity which included excessive passions rooted in a diseased soul, could be exposed by the embodiment of

intensely suspicious and distrustful natures, their torturous habits of thought, their wiles and insincerities, their entire absorption in a narrow selfishness, mark a disposition which is incapable of coming into wholesome relations with mankind; it is of a character to lead to guile in social intercourse (Maudsley 1886:101).

The specification and identification of gestures and movements of the body qualified as a part of the diagnostic process.²⁶ This was because it was more “convenient to describe modes of movement as observed, than to infer the modes of brain action corresponding thereto” (Tuke 1892:821). Maudsley, for example, claims that some revealed their moral insanity in their gait: for example, in “a turkey-like strut - the pride with which they are possessed; while others shuffle along in a slouching and slovenly manner. In the former we see...the convulsion of conceit; in the latter, the paralysis of self-respect - both equally indications of extreme degradation” (1858:159). Another patient is recorded: “Now and then she would all of a sudden pirouette on one leg, and throw her arms about; and with a sudden impulsiveness, would not unfrequently break a pane of glass” (Maudsley 1884:348-9). Careful attention to facial expression was also paramount in diagnosing moral insanity: “His expression was exceedingly sulky and morose...and kept his eyes down while speaking”

²⁶ While Mauss (1972) insists that the ways in which individuals walk, sleep, or copulate are to a significant degree culturally determined, his approach can also be understood as an uncritical hermeneutics of the body. For example, when he illustrates his point by claiming that he could generally recognize a girl who had been raised in a convent by the fact that she will walk with her fists tightly closed, demonstrates an ahistorical and uncritical interpretive analytic based upon minute signs of the body.

(Campbell 1887:77). Kiernan refers to the words of Dr. Mann which emphasized the link between the corporeal and the moral: “There is in these cases...extraordinary acts and conduct...as signs of depravity” (1884:562).

The architecture and design of the body’s structures were used to identify and explain innate temperament and the moral faculty. Von Feuchtersleben claimed “Of the three divisions of the face, the forehead evidently expresses the operations of the intellect; the nasal region, those of the feeling; the reach and of the mouth and chin, those of the appetites” (1847:155). Another clinical case is described: “His physiognomy is strikingly that of a person of a low type of organization; . . . he belongs evidently to that class from which so large a proportion of our convict population is derived” (Hayes 1864:542). Muscles were also read as highly expressive of essence and therefore externally interpretable: “their individual action betrays a particular movement of the soul” (Duchenne 1862:5). Benjamin Rush claimed that parts of the human body were directly connected with the human soul, and thus influenced morals and appetites (1839:19). The causes of immoral behaviour were determined or localized in any part of the body. By explaining immorality and passions within the framework of the body, the doctrine of moral insanity single-handedly dispensed with the idea that reason was the supreme arbiter of human being. More importantly, however, it contributed to the scientific conviction that empirical observations could reveal the nature of the pathological soul: the character of the soul was writ large on the body.

Consider the following report:

From frequent repetition every trait in the countenance, laughing, twitching, sneezing, weeping, anger, leaves as it were a trace of its self in the soft structures, the combination of which at length become permanent, and mold

[sic] the countenance. This is true not only of the features of the face; the same thing takes place in all the other soft structures of the body. That which is indicated by the pale wrinkled countenance is betrayed by the low voice, the tottering gait, the trembling hand, the unsteady writing, the soft light breathing (von Feuchtersleben 1847:154).

A moral sense was not only assumed to actualize or manifest through the physique but was equally a matter of physicality. The theory of Galenic bodily humors, for example, were still being applied in the last half of the nineteenth-century. The humors were assumed to act as transparent spiritual liquids that circulated through the body, which could explain the quality of an individual's character. Hayes refers to the "bilio-lymphatic temperament" of a 17-year-old woman who is described as "troublesome and obstinate," "quarrelsome in disposition, moody and reserved, and of idle and vicious habits" (1864:534). Or consider the following physical description: "In appearance he was extremely ugly, one eyed, mean looking, weak, and contemptible - a most miserable frame for a blustering soul" (Landor 1857:542). Another case study is described: "His manner is shy, nervous, and suspicious, his dress often untidy or slovenly; there is a want of manliness of feeling. The pupils are often dilated, the breath bad, the face sallow, and the body somewhat emaciated" (Maudsley 1868:154). The topography of the body provided the means for diagnosing the soul. "His teeth were greatly discoloured by smoking, his digestive functions were somewhat feeble, his heart sounds weak and occasionally irregular, and the breath over the left apex harsh (Campbell 1887:77) And another morally insane patient is physically described to act as an explicit set of signs taken to be representative of the quality of the interior. "Her eyes glistened brilliantly; the conjunctive was reddened; her head was hot, her extremities cold, her bowels disordered; there was a disagreeable odour of the body" (Maudsley 1886:285).

Corporeal topographies and morphologies further provided a means of mapping exterior traits upon the interiority of mad subjects. The presentation of degenerate characteristics such as anomalies of the cranium, left-handedness, outstretched ears, and asymmetries of the face were scientific criteria for establishing the presence of moral insanity (Italian Phrenetic Society 1888: 7, 38). This was particularly so with the physiognomy of revolutionaries, such as the Haymarket Anarchists, whom Lombroso took as politically insane criminal deviants (*Figure 9.4*). As an anthropological type the ‘throwback’ represented an evolutionary regression that he referred to as “atavism.”

Kitching provides a detailed description and discussion on the relationship between head shape and size to the interiority, or psychical characteristics of subjects, is summed up by the following:

We speak of large heads, and small heads, of well-shaped heads, and of irregularly shaped heads, and we notice also great departures from a uniform shape in the breadth and height of the forehead, in the outline of the upper part of the head, and in the relative bulk of its hinder part to the fore part; we observe some heads to be round, some to be long, some wide, and some narrow, besides a great multitude of minor differences. And coincidentally with these differences with size and shape, we observe differences in mental capacity and power characterizing their owners...intelligent persons [and] good observer[s] cannot mistake the fact, and the researches of philosophy confirm it, that our mental faculties, both as a whole and severally, are directly dependent, for their relative superiority or some feebleness, upon some condition of size or quality in the material organ, the brain (1857b:390).

The brain was identified as the organic agent and physical medium through which moral functions manifested in the quality of character. Character thus existed on a continuum as did body size and features (Campbell 1884:40-1).

The phrenological imaginary was forming by the early nineteenth century. Smith

(1813) and Rush (1839) argued for a scientific understanding that emphasized the connection between the physique and other features of the body with moral qualities of character. Consider the following scientific link between corporeal architecture and moral character: “[F]ull chests and stout frames, muscles large but flabby, skins loose and covering quantities of fat resembling blubber, countenances heavy, eyes inanimate, and motions listless...[has] the following moral character. His appetites are grovelling, his disposition cold, sordid and selfish. Of love he is incapable, and marriage is a matter of convenience or calculation.” Conversely, good-natured people were “fat, abundant, but not excessive, soft, but not gelatinous” with “moderate appetites” and “correct in their conduct”, disapprove of “participating in vices for which they have no relish” (Smith 1813:100-1). Claiming that the shape and texture of the human body influence morals, Rush ascribed both a “good temper...and benevolence to corpulency, and irascibility to sanguineous habits.” He also claimed that faces which “resemble each other, have the same manners and dispositions” (1839:3, 20). Character was inextricably intertwined with a hermeneutics of the body to form social and moral judgments based upon cultural semiotics and materiality.

The practice of reading character or temperament through the body was exacerbated throughout the nineteenth century discourses on moral insanity. “In reading human temperaments in full, we generally take into consideration the shape, of the head, face, neck, shoulder, chest, and body” (Campbell 1884:48). Similarly, Bucknill and Tuke argued that “good nature usually coexists with a sleek and fat habit of body” (1858:182). Describing a child suffering from moral insanity, Maudsley describes his physical appearance: “He is thin, withered looking” and possessed a “deficient sensibility also to the skin” (1886:286).

Maudsley's attention to the skin is significant. Conceived as an organ of social receptivity, the skin was thought to indicate a perverted social sensibility through the "natural" capacity of the inner nervous system or nerve fibres. The identifying symptoms included the "inability to join with other children in play or work, and the impossibility to modify their characters by discipline; they cannot feel impressions as they should naturally feel them, nor adjust themselves to their surroundings...and the motor outcomes of the perverted affections of self are accordingly of a meaningless and destructive character" (Maudsley 1886:287). The 'faulty' or insensitive skin was represented as a corporeal marker of ineptitude or insensibility to the socially prescribed demands of a situation. Conceived as the outward and visible sign of the invisible and defective interior, the skin, both literally and metaphorically, was also read as a text rife with social meaning. As a vehicle for contagion, the boundaries of polluting "touch" were directly associated with the penetrable, sensitive and impressionable skin that simultaneously was assumed to act as an agent for the transmission of moral pollution. The history of sexual imagery, disease, and representation, intemperate, promiscuous, and dangerous sexualities were associated with touch within a moral pathological framework of medicine (Bullough and Bullough 1977: 118-9; Gilman 1993:204).

Peculiar corporeal signs were thus taken as indicative of inward moral perversion or corruption. Literally constructing the soul out of corporeal features demonstrates the historical tendency to simplify, discriminate, abstract, and isolate parts of the body in order to calculate the interiority of the soul. The body or its virtually dissected parts could display the subject's immoral desires in their practices; this was particularly so with individuals who

engaged in habitual masturbation:

when long and often indulged in defiance of reason and conscience... [g]radually the appearance, manner, and character become altered, and the typical signs of habitual masturbation are developed. The face becomes pale and pasty, and the eye lustreless. The man loses all spontaneity and cheerfulness, all manliness and self-reliance (Yellowlees 1892:784).

On the other hand, so to speak, a “strong or well-formed character which a well-fashioned will implies is the result of good training applied to a well-constituted original nature” (Maudsley 1884:110). The distemper of the body was marshalled as evidence for a perverted soul and acted as a certain kind of cultural evidence of the deterioration of an individual’s social values. Eccentric or insolent temperaments were inextricably intertwined with corporeal morphologies: ‘the masters of madness’ contended that the physical nature of the body caused, shaped, constituted and reflected moral inclinations and dispositions.

Bodies were not only read according to their structures but also according to the ways they appeared in terms of their ‘adornment’ or ‘decoration.’ Clinical comments focused, for example, on the patient’s manner of dress or general appearance. How one wore a hat, for example, was considered significant by one physician: “The dress also of a lunatic is almost always odd and peculiar; and there are singularities of mind which manifest themselves chiefly by some eccentricity in this particular. The very mode of wearing a hat will differ in the same man, in his sane and insane state” (Conolly cited in Taylor and Shuttleworth 1998:242). A “thief and vagabond” was documented as “fond of decorating himself with gaudy-coloured articles, . . . was very filthy in his habits, and seems best pleased when he has got his hands well daubed with tar” (Hayes 1864:542). Metaphors of dirt and filth convey a strong imagery of pollution, disorderliness, and uncleanliness, particularly in an age that

increasingly focused on social and moral purity and hygiene, both physically and metaphysically (Carroll 1996). A disordered interior was assumed to present itself in disorderly dress. The relationship between dirty and dark skin is not coincidental. As McClintock (1995) has demonstrated in an analysis of Victorian advertising schemes, soap prevailed as a marker between the idealized domestic sphere and the fearsome colonial one where dirt, uncleanliness and filth proliferate. This highlights the historical relationship between dirtiness and dark skin where one was made to stand for the other in symbolizing inferior interior qualities (Cohen 2003:75). It also situates the privileged position of white subjectivities in the history of human thought.⁸⁷

9.3 Inscribing Sex

Corporeal signs spoke the im/purities of the flesh and physiognomic tendencies towards either chaste or unchaste sexual practices. Libidinal lust, intoxicating passions, or an ‘excessive’ sexual appetite (*Figure 9.5*) also worked as a symptom for diagnosing the morally insane body. Masturbation, for example, represented an immoral indulgence of corporeal pleasure that sapped the body of its natural and necessary vitality. Maudsley’s obsession with autoerotic pleasure asserts that “in a great many cases of mental derangement connected with

⁸⁷ See Riggs’ (2004) exceptional collection of essays that critically theorize whiteness. As an elemental aspect of West and North hegemony – where whiteness has become taken-for-granted – renders hierarchical and authoritarian social relations invisible by always already silencing voices and experience. “Critical whiteness studies” thus interrogates the politics of racialized practices and privileges intrinsically bestowed upon non-Indigenous groups situated on colonized lands. Colonizing subjectivities which become socially constructed as normal and natural thus need to deconstruct privilege through reflexive practices in order to reconstruct silenced histories. In short, critical research needs to decolonize methodologies, theories and approaches (see especially Smith 1997). The documented texts on moral insanity are thus important in the story of colonization because the dominant historical narratives often mask, conceal, erase, avoid, white out, and dismiss counter-hegemonic histories and their authors. The corpus on moral insanity should thus be understood as a composite of nineteenth century white, educated, bourgeois fears, desires, anxieties and aspirations.

self-abuse that some degree of hereditary taint has co-existed" (1868:153). Unrestrained passions and innate human concupiscence pointed to immoderate desires or coveting of sensual things "delighting in sexual excess" (Kiernan 1884:558). Irregular desire, wandering cogitation, and "[u]ncontrollable sexual proclivities" (Tuke 1885:176) was not characteristic of virtuous people who "curb the impulses of sensuality, and restrain the ardor of passion" (Kitching 1857c:453).

Theories of human sexual development and growth contributed to the view that the morally insane represented either an arrest (lack) or acceleration (excess) in human psychological development; both cases were considered abnormal and contributing to moral insanity. "Sexual desires are developed at an unusually young - in fact, sometimes at an infantine - age" (Savage 1881:150). The embodied and ungovernable sexual passions of some morally insane represented an uncivilized innate human concupiscence. This encouraged physicians to search for patient's immoderate desires or coveting of sensual things where the morally insane were viewed as imprisoned to "sexual excess" (Kiernan 1884:558). The fear of 'savage sexuality' was also pathologized through a racialization of sexual inferiority as the natural result of subaltern moral, physical, and intellectual development. Rush argued that Negroes, unlike healthy or white men, had an extraordinarily strong venereal appetite (Takaki 1979:31). G. B. Duchenne went so far as to claim that he had located "the muscle of lasciviousness" in the nose (1862:17) (Figure 9.6).

Particular attention was paid to women's physical temperaments or embodiment of sexual immorality, which were also perceived to designate their "wantonness" (Duchenne (1862:17) (Figure 9.7), promiscuity and "uncontrollable sexual proclivities" as

nymphomaniacs (Tuke 1885:176). Neurologists, anatomists, and phrenologists searched diligently for the organic cause of nymphomania in the brain, skull, reproductive apparatus, or nerve structure. According to Yellowlees masturbation in women

is more frequent than commonly supposed. It is associated not rarely with the nervous irritability, wayward fancies, and non-descript ailments of hysterical girls, and the habits, amusements, and literature of certain classes of society are too apt to encourage the vice. About the age of 33, when the chance of marriage is getting faint, again about the climacteric period, some women experience great sexual instability, of which this practice is too often the result (Yellowlees 1892:785).

The smallest transgressions of white, middle-class and feminine modesty became a reason for concern. Classified as symptomatic of disease, recreational sexual desire in women was read as a sign of moral corruption. Popular diagnoses involved identifying immoral and fallen women through their attempts to attract men by wearing perfume, self-decoration, or talking of marriage (Groneman 1995; Valverde 1985). Feminine purity and “the dignity of the feminine character,” it was argued, could not co-exist with the direct solicitation of “the excitement of sexual instinct in man...[which] can only sully and degrade.” The psychologically and morally healthy woman possessed attractive manners, which included elegance and taste in dress and ornament; a due attention to personal hygiene, especially the daily use of the bath; temperance in all enjoyments; free exercise in the open air, especially gymnastics, directed to the due development of the figure; moderate cultivation of the feelings and the intellect; an intelligent regard for religious duties (Anonymous 1851a:42).

Indeed, in a functionalist vein, the denial of pleasurable bodily experience through aggressive corporeal governance was seen as wholesome and honourable - a virtue most morally insane lacked. Detected through the display of corporeal ‘natures’ human essence, presumably embodied in virtuous and upstanding conduct, fortified the bourgeois civilism of the

emerging middle-classes. Such classifications also signalled more than a general anxiety about sexual excess, and also produced a specifically gendered and racialized psychiatric discourse on sexuality.

9.4 Gender, Race, and the Psychiatric Inscription of Inferiority

The genderization of moral insanity involved a process of psychiatrically evaluating conduct and appearance in terms of exterior genderized traits. Bodies were scrutinized and measured against bourgeois social standards of normative masculinity and femininity.³⁸ ‘Normal’ male and female bodies could be determined in childhood: “by the seventh year the boy may be readily distinguished from the girl. He is bold, combative, muscularly active; she is retiring, timid, yielding” (Anonymous 1851b:22). As a cross-gendered inscription, the representations of immoral Others relied upon bourgeois appraisals of masculine and feminine exteriorities that provided a grid for recognizing pathological interiorities. Whereas morally mad boys and men were often inscribed and described with traits such as “cowardly,” “small,” “emasculated,” “solitary,” or by “a want of manliness of feeling,” morally insane females were described as “vulgar,” “insubordinate,” “indelicate,” “aggressive,” or “obstinate,” or “unwomanly and offensive” habits (Campbell 1884; Hayes 1864; Landor 1857; Maudsley 1868; Maudsley 1886). Burlier corporeal features characterized masculine interiors. A large, broad and full lower forehead and broad shoulders

³⁸ As Lacquer (1990:16) has demonstrated in his study which examines the historical sexing of the body, much injustice is gendered and tied to “corporeal signs of sex.” Binary classifications of biological sex in the form of two opposite sexes are a recent development, not a universal ahistorical fact. Distinguished critical biologist Anne Fausto-Sterling (1999) has proposed that, in fact, three, and possibly up to five, different sexes may exist. For other theoretical and political problematizations of sex as category see (Aldama 2003b; Boyd 2004; Raissiguier 2003; Wilkerson 1994; Williams 1998).

were considered indices of a “positive” character, with the smallest or extreme opposite as negative (Campbell 1884:40-1).

The feminization of males and defeminization (which in effect is also a process of masculinization) of females was read off the body as symptomatic of moral madness and inferiority. Even the tone of one’s voice indicated the character and acted as a biological function for the reproduction of healthy offspring by normal parents: “nothing is so characteristic of the temper of a woman as her voice...[while a] manly voice is without doubt pleasing to a true woman, as a shrill, weak voice in a man is displeasing, especially if in other respects he be effeminate or unmanly” (Anonymous 1851b:28). “Physically, he was delicate; perhaps feeble” which was further interpreted and translated into the subject being “mild and inoffensive in character” (Gilman 1857:5). Hayes feminizes a teenage boy for loving his mother in the same way as a daughter might be expected to do and goes on to describe him:

There is very little manliness about him . . . he would not play cricket, and when he plays he is well padded, and avoids every ball . . . ; when skating he always pushed a chair before him; . . . the approach of a wasp or bee causes him to shrink and shriek . . . ; in any games he attempts he displays an absolute want of courage (1864:547).

Feminization was also used to classify androgynous bodies as deviant under the classification of “feminism” (Talbot 1898:273, 275) referring specifically to ‘the pathology of sex’ (Figures 9.8 and 9.9). Gender assignment at birth posed difficulties for physicians because the corporeal architecture fit in neither of the parallelism of two sexes-two bodies (male/female) classification scheme that dominated the nineteenth century scientific scene.⁸⁹

⁸⁹ For critical socio-historical studies of ‘the gender identity problem’ in medicine see Findlay (1995), Fausto-Sterling (1999) and Lacquer (1990).

Gendered descriptions and explanations for moral madness were routinely based on corporeal appraisals and interpretations as somehow tied to moral character. Through the application of phrenological or physiognomic science, individuals could determine appropriate and suitable mates by modestly inspecting the bodies of their suitors. Men wishing to marry an “affectionate female” were advised by Fowler to carefully observe the head (*Figure 9.10*). Professor of *materia medica* at Harvard University and fellow of the Academy of Arts and Sciences, Edward H. Clarke was probably one of the most influential spokesmen for the continued repression of women based upon ‘the science of the body.’ In the classic *Sex in Education; or, A Fair Chance for Girls* (1873) Clarke proclaims:

Woman, in the interest of the race, is dowered with a set of organs peculiar to herself, whose complexity, delicacy, sympathies, and force are among the marvels of creation. If properly nurtured and cared for, they are a source of strength and power to her. If neglected and mismanaged, they retaliate upon their possessor with weakness and disease, as well of the mind as of the body (cited in Bullough and Bullough 1977:124).

Another influential practitioner of psychiatry in England, John Connolly, encouraged physiognomic interpretations of the morally insane. He ‘decodes’ a woman “whose bold eye and prominent mouth were never, even from early infancy, employed to express any of the higher or softer sensibilities of a woman’s soul” (1858:651). He compares two morally mad women: one from the “propertied class” and another of “lower origins” (*Figure 9.11*). “The raised hands, pressed together, indicate the intensity of her prominent emotions; the eyes, somewhat uplifted, but gazing on nothing; the deep corrugation of the overhanging integuments of the lower forehead, portray the painful questioning of a woman not forgetful of her former life” (1858:651). Yet despite her moral insanity, Connolly presents the upper

class woman as intelligent, lucid, and self-conscious:

Her irritable hands have traced marks of agony on her forehead; her neglected curls hang raggedly over her ears...Even her large and well-developed brain seems to impress the beholder with thoughts...of the miserable deformation (1858:651).

The moral and physical evaluation of the poor woman is in stark contrast to the former and once socially upstanding patient:

A different history from the preceding is plain enough...Here the bloated face, the pendulous masses of cheek, the large lips uncontrolled by any voluntary expression, and to which refinement and delicacy seem never to have belonged; that heavily gazing eyes, not speculative, scarcely conscious; the disordered, uncombed, capriciously cut hair, cut with ancient scissors or chopped with impatient knife; the indolent position of the body, and the heavy resting of the coarse, unemployed, out-stretched fingers, together with the neglected dress and reckless *abandon* of the patient, all concur to declare the woman of low and degraded life, into whose mind, even before madness supervened, no thoughts except gross thoughts were wont to enter (1858:651; emphasis in original).

Again, the woman from a ‘respectable’ class location is represented as less responsible; indeed, at some level physically regretful of her transgressive state, whereas the unfeminine woman from the lower order is inscribed and read as the victim of her naturally inferior disposition and class location. “Much of this, perhaps all of it, is written in that despairing, questioning face” (Conolly 1858:651). However, according to Fowler, in the scientific scheme of evolution, white women’s skulls demonstrated their superior souls to that of black women who were routinely referred to as Bushwomen or Venus Hottentots ([Figures 9.12 and 9.13](#)) in nineteenth century science.

Le Bon also found a direct relationship between the physicality of the body and the quality of the interior. Women on average, he argued, possessed smaller brains than men

which pointed to their ‘natural inferiority.’ Based upon an examination and measurement of thirteen skulls, Le Bon concluded that women “represented the most inferior forms of human evolution and that they are closer to children and savages than to an adult civilised man” (1879:60-1). Black women were further inferiorized according to their subaltern status both in terms of race and sex ([Figure 9.14](#)). For Jordan, the visual examination of portraits of the “greatest men” demonstrated their superior-sized brains, and thus greater intellectual capacity. Shakespeare, for example, had “so massive a brain that half his head” seemed “to be above the eyes” (Jordan 1890:88). Discussions of the ‘primitive’ and ‘savage’ are, as Le Bon’s and Jordan’s conclusions suggest, also located in these medical texts. The eurocentric representations of ‘race’ moved beyond purely physical judgments and sought to articulate physicality as an expression of inferior moral character ([Figure 9.20](#)). However, racist conceptions and representations were not only confined to eurocentric biases; such themes also occurred along nationalist lines such that the English colonial scientists represented themselves as the epitome of civilization and human progress taking members of their specific social groups to stand in as the pure ideal human - body - type. This is witnessed in the treatment of the Irish, in particular, whose history of British colonization and imperialism is not unlike other indigenous peoples who suffered under the murderous and thieving hands of the British Empire. Such communities included the Irish, who were regularly inferiorized due to cultural and religious differences - biological variations that presumably could be interpreted by their physical appearance, demeanour, and activities. Such physicalist assumptions were applied to all non-white cultural groups and societies such that the binary constructed not only two primary ethnic divisions (the civilized/uncivilized); the physicians

of the soul further applied the white, Anglo-Saxon, Protestant, supremacist belief-system to demonstrate that inferior human groups held more in common with animals than the civilized classes. As such human scientists relied upon crass empirical strategies as scientific means to account for human difference as well as commonalities between the subhuman and the animal kingdom.

Those diagnosed as morally insane were also dehumanized by the psychiatric tendency to compare patients to animals. This animalization of people by depriving them of their dignity served two primary functions: first, it legitimated evolutionary theory, and second, it legitimated the belief that the mad had more in common with animals than their fellow normal human beings. In 1853, physiognomist, James Redfield, in his scientific text, for example argues and demonstrates through visual depictions and narrative the resemblance of different ethnic groups to various types of animals. Claiming that character is indicated in the features of the face, as well as the expressions, he provides a psychographical regime for understanding and evaluating apparent cultural traits. Comparing the appearance of social groups to animals, he attempts to prove how the natural traits of character can be interpreted through physical attributes held in common with animals. As a so-called reliable index of character he charts and documents the relationship between exterior features to interior qualities through the grand principles of physiognomic science.

Referring to the physical characteristics of African people, which he contrasts with elephants, Redfield writes: "The inferior class who bear this resemblance, are suited to perform the function of executioners, and to be the instruments of power. The stoutest labourers - in size, form, motions, and expressions of the countenance...[are] the labour-

saving machinery of the world from time immemorial...There is something peculiarly noble, dutiful, and trustworthy, in the features of the ‘black fellow’” (1853:51-2) (Figures 9.15 and 9.16). Redfield presents Africans as the culturally approved slave-labourers and house servants of his time. Black women were correspondingly described as docile, faithful, cautious, and loving children; these ideal qualities for serving their ‘master race’ and tending their homes were ascribed to her “elephantine” features (1853:53). Elsewhere he metaphorically compares blacks to fish in addition to elephants through illustration (Figures 9.17 and 9.18): “Catching negroes is akin to fishing,” and asks “[W]hat could we expect from them in slavery, and in any country other than their own, but that they should act like ‘fishes out of water’?” (Redfield 1853: 82-3). Although ‘unnaturally’ placed and positioned in white culture Redfield argued that their natural talents could be put to good use for the civilized classes and superior race. Inferiorizing physical differences further evidenced the pejorative evaluation of cultural differences. This looping effect reinforced both assumptions: subhuman physical traits caused inferior conduct, just as inferiorized cultural differences were explained by inferiorized appearance. The skull shape of an Irishman, according to Redfield (1853), demonstrated a striking resemblance to those of dogs. This was proven by comparing the morphology and performativity of the Irish who were loud, prone to fighting, scruffy and a general social nuisance much like rangy terriers. “Among the Irish, the community takes more to dirt-digging than to anything else” (Redfield 1866:264) (Figure 9.19). Depicted as animalistic, those ‘dark-skinned’ and the Indigenous were characterized by ‘animal excess,’ if not outright animalized in dehumanizing terms, not found among the ‘civilized,’ (white man) (Figure 9.20). The principle of a ‘natural race hierarchy’ was an

inherent assumption in most human scientific tracts but also those that specifically addressed mental illness. Psychiatrists thus addressed questions concerning the health of the collective affecting political decisions at the level of legislation and policies on immigration, for example. Clark argued against plans to bring Jewish children to Canada in an effort to assist in the Ukrainian famine. He writes:

It must be remembered that the Jewish children of this type belong to a very neurotic race, and while many of them are of unusual ability, yet a certain proportion prove to be mental defectives or already showing evidence of mental disease...[They] should be kept for several days under inspection, and the weaklings weeded out remorselessly (cited in Valverde 1991:106).

The inherent prejudices of the dominant scientists became institutionalized through expert discourses which were taken as truth and elevated due to the producers' social status, prestige, and alliances with other privileged and powerful classes: the imperialist colonizing elite, and the rise of the middle classes, the guardians of an emerging capitalist culture.

Darkness and blackness denoted a positioning outside the realm of purity and cleanliness and acted as a sign of inferiority in a colonial trading system, which associated Blacks with disease and corruption (Aldama 2003a, 2003b; Bernal 1987; Gilman 1993; Valverde 1991). In his anthropological studies on the varieties of the human race, Prichard paid particularly close attention to "shade of complexion, a singularity of physiognomy, a peculiarity of form." Prichard maintained a white Anglo-Saxon supremacist social Darwinist vision of the human family: "our first parents were black, the white varieties of the human species being the result of civilization" (cited in Tuke 1891:5, 6). Thus skin colouring or 'shades' was presumed to indicate the individual's placement within the scheme of evolution, where the white race 'naturally' occupied the highest stage of development.

Campbell provided a detailed design outlining “the coming man” or “the perfected race that is to be” through anatomy, phrenology, physiology and psychology. Corporeal shape, size, colour, physical strength and intellectual powers were all outlined from a white supremacist position. The intersection of discourses on purity, civilization, cleanliness, progress, the colour white, wealth, and success embodied representations of the perfection of the civilized race as morally respectable in form, contents and matters of the body. The model of the perfect human body “should be white; his hair, his skin, and his entire complexion should be absolutely white, which will show the completeness of the perfected race, and the man that is to be. Human beings commenced black in color [sic], and must finish in complete whiteness.” White male souls were the social and scientific enthronement of honour, truth, and virtue. Intelligence by race was a major instrument in the biological and cultural dichotomization of inferior and superior species. Intelligence and evolution by religious affiliation was also assumed: “Christianity is the highest perfection of humanity” (Wayland 1852:385). Ignorance was represented as the dominant traits of the poor and the non-white, women, and children. As scientific bodies, morally insane became a legitimate social space of inquiry, inspection, and inscription. Intelligent investigative and representational modes guided by psychiatric perspicacity revealed the truth on matters of morality, fitness and human perfection. Such a body represented a healthy, moral interior which was a “complete...soul have entire and perfect control over the body and bodily functions” (1884:257-9). These social hierarchies created binaries and divisions between the civilized and uncivilized that were routinely mobilized as a marker of inherent physiological, social and moral differences, which were collapsed into one analytic category. Maudsley, for

example, proposes that the morally insane, in regressing to “a primitive sort of feeling,” denoted a stage of expressed barbarism in which these patients “cannot help doing in the rudest form of primitive society” (1886:99). Rush promoted the idea that practices of uncleanliness and idleness were characteristic of “savage” indigenous populations in the Americas. “Indians” were considered strangers to both morality and decency and, like the natives of Hispaniola and Jamaica, would eventually be extirpated according to the United States republican imagination (Takaki 1979:29). Claiming that ‘primitive people’ were in essence amoral because they had not progressed in the scheme of evolution, Maudsley argued that ‘savages’ were incapable of becoming morally insane, which also meant inferiorized ‘races’ were categorically disqualified from possessing a moral faculty: in order to be rendered morally insane, one first had to possess the potential capacity for a moral sense.⁹⁰ “At an earlier period in the development of the race, his undeveloped moral nature would not, in a sense, have constituted lunacy” (Anonymous 1891a:99). Thus non-white social groups were customarily theorized as incapable of becoming insane; moral insanity was a disease of the civilized not of ‘the animal races.’ “If savages show such a happy exemption from insanity, they are indebted for it, not merely to the want of civilization, but probably also to that indomitable energy of their corporeal vitality” (von Feuchtersleben 1847:264). Pain went so far as to claim that “the lowest tribes,” like animals, possess only “instincts” whereas the highest principle in civilized man is the soul (1854:114-5).

⁹⁰ Von Feuchtersleben was one expert to acknowledge ethnic biases and discrimination in nineteenth-century human sciences: “the white or Caucasian race, to which the learned men who describe the races belong, do not fail to represent themselves, both in physical and psychical sense, much to their own advantage” (1847:147).

Relying on positivist scientific practices and techniques of appraisal and comparison, craniologists, phrenologists, and physiognomists argued that physical measurements furnished ‘proof’ of the innate inferiority of the nonwhite races and the morally insane. The study and measurement of external features revealed and indicated the temperament and moral faculties in which the white bourgeois scientists used themselves and their kind as the ideal type of heuristic device. Bodies deviating from ‘the average white man’ (desires and subjectivities) were thus used as empirical evidence to prove the inferiorities, both externally and internally, of human differences particularly when it came to ethnic, political and religious identities.

The black woman or “Hottentot” and “Bushwoman” was also constructed as scientific oddity whose corporeal characteristics supposedly reflected animalistic sexual tendencies, and whose extruding genitalia and buttocks captured a primitive form of female sexuality in human evolution (Fausto-Sterling 1995; Gilman 1985; 1988). The idea that ‘anomalies’ of the sexual organs corresponded to the character of the individual dominated the nineteenth century landscape. Corporeal variations were interpreted as proving that existence of excessive passions and extravagances of sexuality and love (von Feuchtersleben 1847:194). ‘Overdeveloped’ genitals symbolized an excessive sexual appetite where one’s sexual and therefore moral character was inscribed and read from bodily shapes and proportions (Figures 9.22 and 9.23).

The insistence that psychiatric experts possessed the rare skill to divine insanity by detailed observation of the body was - in the words of the leading Canadian medical expert, Daniel Clark - “a truism” for those practicing medicine in the lunacy trade. Not only

phrenological and physiognomic approaches, but also craniology, was advocated and practiced by many experts on moral insanity throughout its shifting historical career. A morally insane sailor whose intellectual powers were diagnosed and identified as sound was described as ungovernable in conduct, abusive in language and as possessing a wayward temper. Complaining of frequent pains in a part of the skull on which he fell, Dr. Robertson decided to remove that portion of the cranium. Recovery and observation after the operation declared him cured and restored to normal moral conduct: "His conduct is now, and has been, since the operation, in everyway improved. He has no bursts of passion; answers civilly when spoken to, and is grateful for the relief afforded him" (Robertson 1846:271). The semiotics of materialism necessary for the hermeneutic readings of insane bodies is neatly summed up in the following passage taken from Clark's diagnosis of Louis Riel's madness, a year prior to his execution by the Canadian state in Regina: "I wish to repeat the statement which is a truism to alienists. He had a look and movement so characteristic of insane people, which it is impossible to put into words, but known so well to us" (Clark 1887:13). No "*post mortem* of the brain" was performed upon Riel's execution lamented Clark; as such all "brain records" were destroyed (1887:17). The scientific method of analysis favoured by Clark's craniological approach to madness was *post mortem* examination or "necroscopy" (1880; 1887; 1895). The corpse of Riel however did reveal the "footprints of disease": "within that skull was evidence of the prisoner's aberrations" (Clark 1887:17).

The intersection or grid and interlocking social relations of race, class, and gender informed and constituted the visual terrain of moral madness that acted as a means of othering difference through a sermonizing, bourgeois vision of white morality and civility in

which literally any body could fall prey to the disease of moral insanity. This provides an alternative understanding of the social history of the normal and the abnormal. Rather than emphasizing ‘the social control of deviance’ the chapter offers a demonstration of how the production of psychiatric discourses on moral insanity hinged upon exterior differences as the axes of truth to establish interior pathologies, which were discovered through the practice of reading and inscribing bodies. Attempts to unlock the secrets to the human psyche were thus bound up with the physical and social comportment of manners, infectiousness, habits, desires and conduct. But the body was also a topographical map of character. Every physical trait carried with it an interior quality. To measure and discern departures from normalcy the interiority needed to be expressed through tangible, material manifestations. Deviations of external form to deformations of the soul were a way of reading the body, which was assumed to indicate and bespeak the nature of the deranged soul.

The multiple locations of social and cultural positions in diagnoses of moral madness are what made the doctrine so powerful in its day: it was applicable to everyone and anyone who transgressed the boundaries of bourgeois civility and morality. Nineteenth-century psychiatry constructed and represented difference through a global pathologization of vice while advancing tailored explanatory schemes for particular social groups that were further applied as a technique of individualization whereby moral insanity was presented as an individual moral anomaly. Oscillating within the specificities of certain social identities, moral prescriptions and standards varied according to the social category under question. Yet the conception of physiological, cultural, and moral particularities constituted a social matrix from which to medically and scientifically judge subjects relative to their cultural location

and appearance within that rhizomatic grid of psychocentric imperialism.

9.5 Conclusion

The immoral body and the diseased soul, in their unruliness in everyday life were thus managed by the use of a hermeneutic analytical and diagnostic system. The psychiatrically captured body besieged by the scrutiny of moral managers could neither hide nor evade. “The most guarded countenance, the most measured voice, the most restrained gesture, yields to strong and real emotion; and the tones, and the manner, and the person, and the face speak a language in which there is no deception” (Conolly cited in Taylor and Shuttleworth 1998:242). The application of the methods of natural science to “the study of mind,” “with its positive teachings” could “enforce the highest moral truths” (Ray 1864:339, 341). Both the material and spiritual realm occupied the calculable middle between opposites: order and disorder, excess and temperance, internal/external, truth and falsity, abnormal and normal, good and evil.⁹¹ The invisible soul was therefore resolved with a material medicine; a medicine that could fix its gaze on the body’s materiality through what Stafford (1991) refers to as “physiognomics.” As a “corporeal connoisseurship,” physiognomics

diagnosed unseen spiritual qualities by scrutinizing visible traits...This “science” supposedly divined what untrained eyes could never see about a person’s character. The activity of searching inquiry linked medical diagnostics to textual criticism and cerebral expertise. Symptoms, or marks visible to the ordinary layman, were converted into esoteric graphic signs. These physical enigmas were indicative of hidden causes legible only to

⁹¹ Very little critical historical research exists on the political economy of moral regulation. Some useful historical analyses are provided by Dabney (1949), Dannenbaum (1984) and Johnson (1978:55-82). The capitalist attraction to and the appeal of the temperance movement to businessmen in commodifying prohibition efforts, and anti-saloon leagues in particular, generated capital demonstrating the economic profitability of instituting purity campaigns against social evils.

specialized interpreters (1991:84).

Similarly, a “pathognomics” pursued symptomatic conduct and gestural meaning in the design of the exterior (Stafford 1991:121). Rather than a logical empiricism that unveiled that which always existed in ‘nature,’ the constitution of transgressive interiorities must be understood as a socially oriented empirical project coupled with the hermeneuticians’ subjectivities that created it.

Against an understanding of the constitution of individuals’ essential makeup as a product of governing cultural values and beliefs about the decency and desirability of virtuous living, the construction of transgressive interiorities in nineteenth-century psychiatry was the result of an enfolding of white, male, middle-upper class judgments into and on the bodies of the Other – those social subjects who in one way or another transgressed the pristine dictates of bourgeois ‘respectability’ through the appearance of difference. As an effect of a modernist normalizing power that inscribed meaning into an economy of identities, the body became the site of monstrosities or the space of difference where monstrous identities were visibly inscribed (de Courville Nicol 1997).

The semiotic assemblage that constructed interiorities out of corporeal features hinged on practices of abstraction that isolated parts of the body in order to calculate the interiority of the soul. ‘Peculiar’ corporeal signs were read as symbolic of inward perversion or corruption. By the 1880s, the term “antisocial” was being applied to patients viewed as morally dangerous in their social conduct and interactions. Through a hermeneutic assessment of an ‘antisocial’ body, a condition of moral insanity was constituted and established. Psychiatrists organized their gaze in a systematic and habituated manner - rules

set out by both social and canonical conventions. The textual forms and practices of constructing clinical cases and case files were reflections and organizations of the social world - reflections constituted by an 'orderly' rationalization of difference according to dominant empirical 'truths.'

As a calculating science of the virtual or unseen, a hermeneutics of the body provided "concrete proof" or the empirical material to perceive, interpret and discern troublesome interiorities. The body of the morally insane represented the visual compendium for organizing the structure of the interior and formed the model for proper or improper corporeality and performativity. As a site for the display of social and moral purity or pollution, the mad body provided a surface and structure for the recognition of difference. Understanding psychiatric practice as reliant on a hermeneutics of the body, then, provides a point of entry into the larger social and moral order, demonstrating the psychiatric imaginary's need to visualize the invisible psychic life of subjects through palpable corporeal and moral standards. Medicomoral discourses must be understood as an historical pathologization not simply of individuals who challenged bourgeois culture, but also as a denigration of those cultural traits, physical differences, and ways of living that did not reflect white middle class 'respectability' and *Weltanschauung* - the moral visions literally and figuratively held by psychiatric experts on moral insanity. The discursive production of moral pathologies should be understood not solely as a social production of psychiatric knowledge but also as *social discourses produced within a social context* which affected all levels of psychiatric theories, examinations, hypothesis, practices and diagnoses. The psychomedical interpretation and capture of corrupt, unruly, disorderly, and *ungovernable*

selves hinged on an exterior reading of the body as a text - as a decipherable, knowable, and (re)presentable object - which both expressed and confirmed the existence of pathological interiorities. Such a production entailed processes of enfolding cultural meanings and values into and onto bodies, and as such demonstrates how appearance and essence were embodied, unified, conflated, and collapsed under the psychiatric gaze. The psychomedical invention of moral insanity in the nineteenth-century provides an illuminating cultural example of how corporeal differences came to be inscribed as biological and physiological registers of pathological interiorities. As an exterior representation of abnormal, inferior, dangerous, or deranged interiorities, bodies provided a way in which to evaluate psychical constitution that, *inter alia*, was deduced from corporeal 'natures.' Centring on a definable condition, the nature of a particular form of madness was established and recorded. It was an *attempt* to reduce the multiple to the singular, the invisible to the visible, and the unknown to the known. As a moral science, physiognomists interpreted the status of visual signs as a universal text of either nature or God, which was a form of knowing the quality of the human soul (Jordanova 1993:125).

Psychiatric representations of empirical observations should be understood as documentary systems of representation; systems that attempt to re-present some version of a pathological interior reality or the real. As "lived concepts" medical representations or concrete ideas were invented to make the unseen seen and expressible (Stafford 1991). They aspire to provide some stable operative unity of subjects and the qualities of one's 'essence' as objects. This is achieved in a variety of ways: constructing classifications and taxonomies, comparative techniques, quantifying conduct, ordering selected information and disregarding

others, document-writing about the morally insane highlights the social significance of how the text and its creators functioned both politically and socially. In order to render the morally insane subject and its interior domain governable psychiatrists not only needed the terms to speak and think about it, they also needed the means to assess its conditions and represent the pathologies of the subject both logically and convincingly.

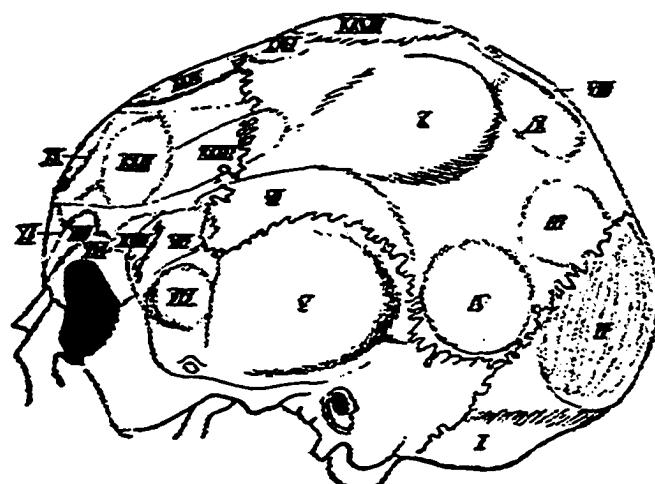
Psychiatry has not dealt with pure or socially unmediated ‘facts,’ nor has it progressed teleologically as a value-free, evolving discourse about the ‘truth’ and ‘reality’ of normal and abnormal psychic life. At its foundations, nineteenth-century psychiatry was an *interested* science, which was inextricably intertwined with social values, beliefs and judgments and defined morally. Any claims that psychiatry was a form of science engaged in the disinterested pursuit of truth fails to acknowledge the value-laden practices intertwined with the social pursuit of moral hygiene and purity in medical attempts to both reduce moral disorder and highlight moral and cultural differences as outright wrong or pathological.

Nineteenth-century psychiatry promoted the belief that the determinants of pathological interiorities were physically structured and expressed, and could be decoded by trained expert eyes. The physiognomic tenet that “no man can appear what he is not” was taken for granted in nineteenth century psychiatry (Conolly cited in Taylor and Shuttleworth 1998:242). This hinged upon a reading of the clinically transparent body to get at the depth of the interior soul. Therefore, psychiatry did not only secure the existence of individualized psychological problems, but also bound up the physical expression of those interior problems within the proviso of the corporeal. This demonstrates that we cannot understand the interior as explained by physiology, socialization, internalization, or the progress of ideas alone, but

rather as the product of scientific practices and techniques designed to provide a reading and narrative of the visible body, that plumbs the invisible depth of its interiority. Physiognomists divined a whole range of interior qualities that were assumed to represent the presence of visible external ones (Jordanova 1993; Rimke 2003). The emergence of moral insanity as a forerunner to contemporary psychopathology and personality disorders was produced by a materialist medicine of the soul that relied on a hermeneutics as the means to read, articulate, identify, treat, and visibilize the internal unruliness of socially transgressive bodies.

The soul as the prison of the afflicted, besieged, or sick body could therefore neither see nor act morally. As a site for the display of social and moral purity or pollution, the mad body provided a surface and structure for invisible passions through visible conduct. A somatic hermeneutics, then, provides a point of entry into the larger social and moral order, demonstrating the psychiatric imaginary's need to visibilize the invisible psychical life of subjects. Providing critical insights into the interior of the concealed territory of psyche or soul psychiatric practice embodied the tension between the interior and the exterior, the visible and the invisible, and internal and external processes. The invisible interior space of the soul could be made visible only through its embodiment. Therefore, the psychiatric administration of vice as a moral pathology was made relative to the manifestations in/on/of/through the body.

Figure 9.1 Carus (1900)



PHRENOLOGY. (After Gall.)

- | | | | |
|-------|----------------------|--------|-----------------------------|
| I. | Sexual instinct. | XV. | Language.* |
| II. | Love of children. | XVI. | Painting (sense of colors). |
| III. | Friendship. | XVII. | Music. |
| IV. | Self-preservation. | XVIII. | Numbers and arithmetic* |
| V. | Homicidal impulses. | XIX. | Mechanical abilities. |
| VI. | Smartness. | XX. | Comparison. |
| VII. | Acquisitiveness. | XXI. | Profoundness. |
| VIII. | Ambition. | XXII. | Wit. |
| IX. | Vanity. | XXIII. | Poetry. |
| X. | Circumspection. | XXIV. | Goodnaturedness. |
| XI. | Memory for objects. | XXV. | Imitation. |
| XII. | Sense of locality. | XXVI. | Religion. |
| XIII. | Memory for persons.* | XXVII. | Enthusiasm. |
| XIV. | Memory for words.* | | * Do not appear in the cut. |

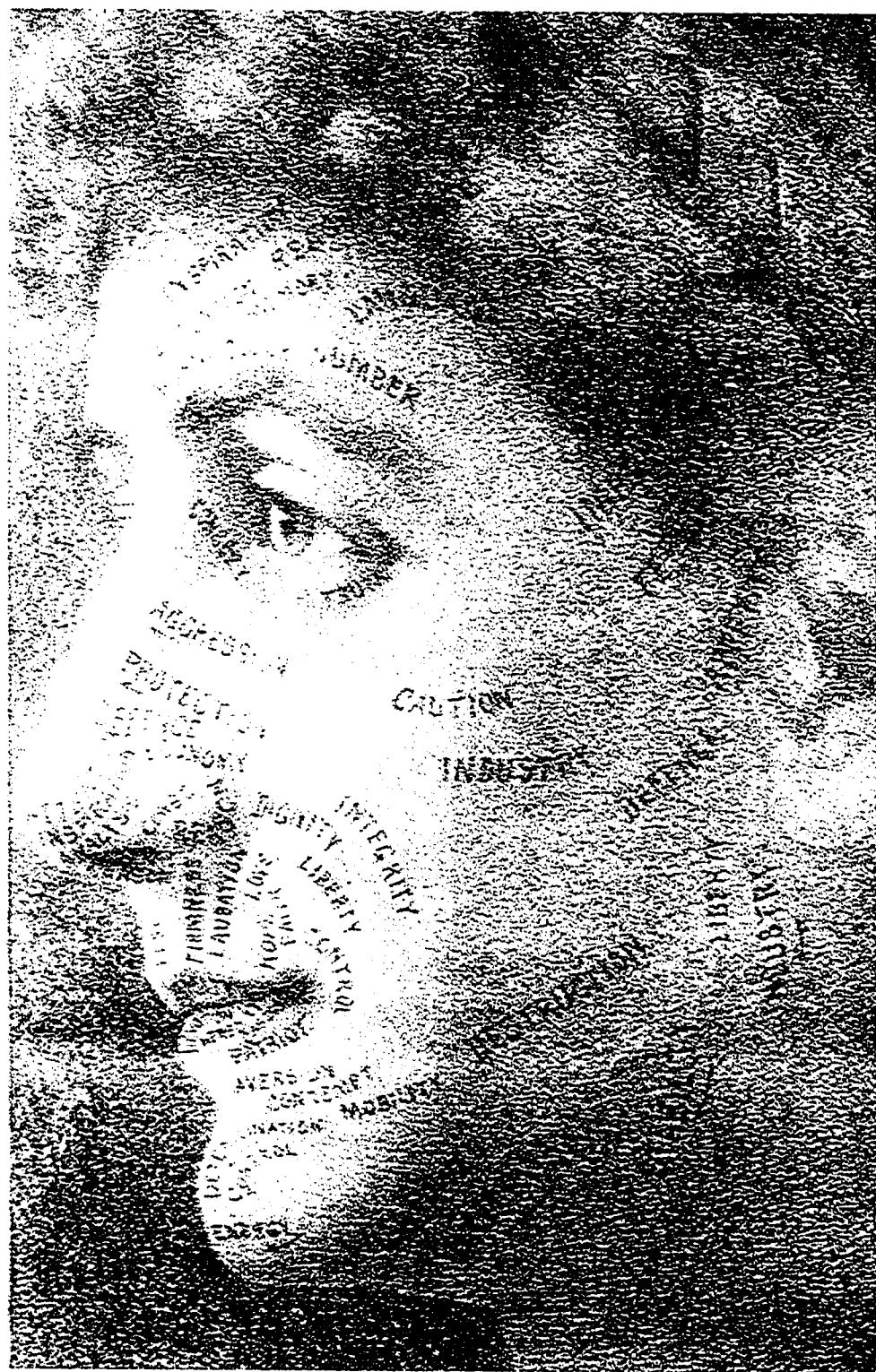
Figure 9.2 Merton (1899)

Figure 9.3 Outline of Sarcognomy (Buchanan 1854)
BUCHANAN'S SYSTEM OF ANTHROPOLOGY.

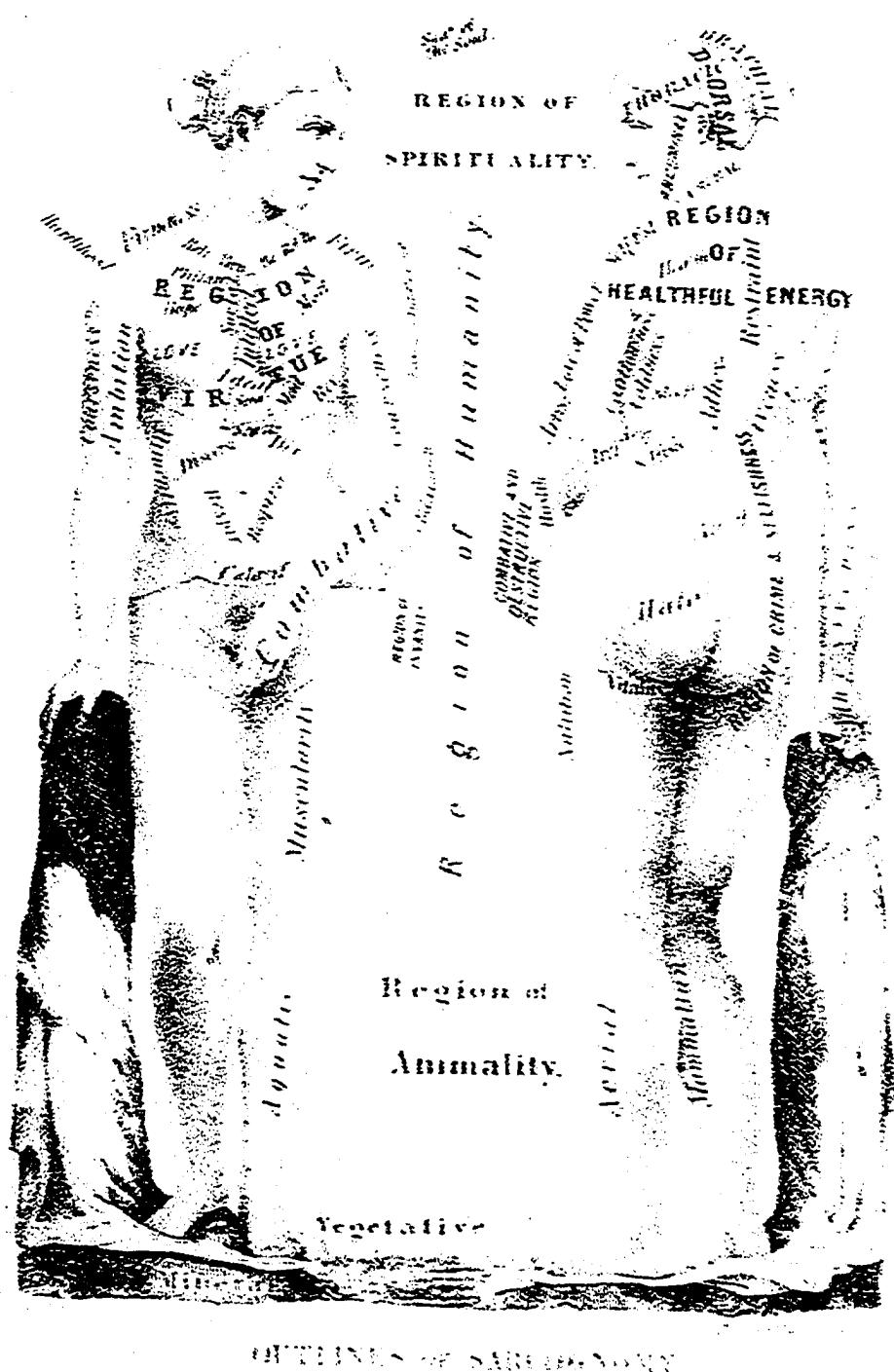


Figure 9.4 Physiognomy of Anarchists (Lombroso 1890)



Figure 9.5 Excess and Appetite (Mason 1888)



Figure 9.6
M. Nasalis: Muscle of Lasciviousness
(Duchenne 1862:17)



Fig. 58

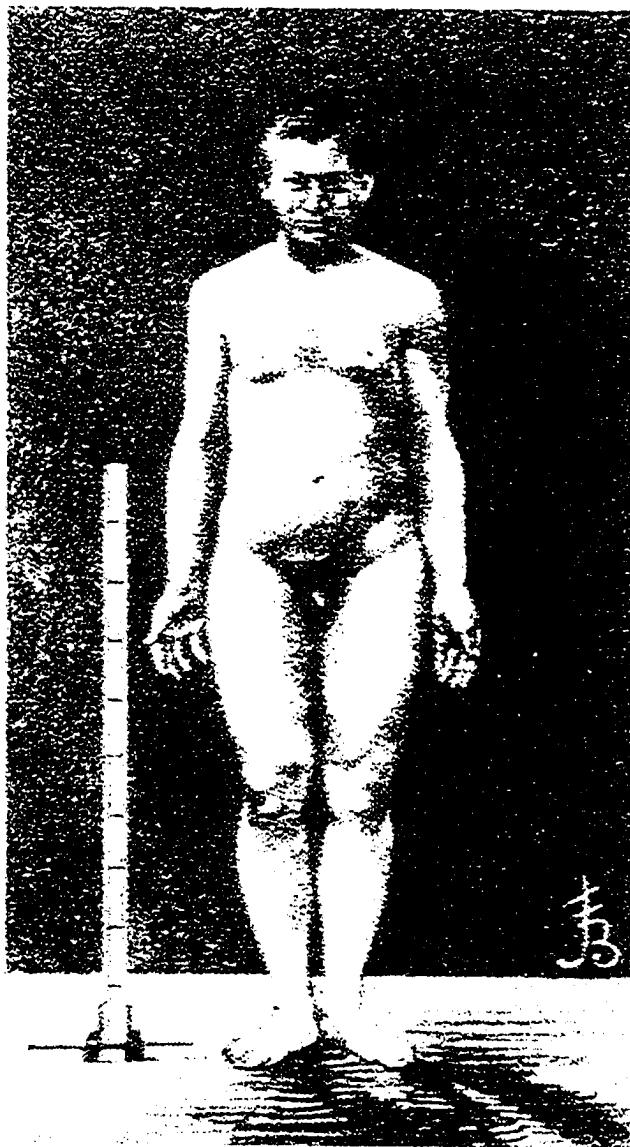
Figure 9.7
“Wanton” (Duchenne 1862:234)



Figure 5
Mixed signals: the seductive wanton.

Figure 9.8

“Feminism,” anterior (Talbot 1898:273)

**Figure 9.9**

“Feminism,” posterior (Talbot 1898:275)

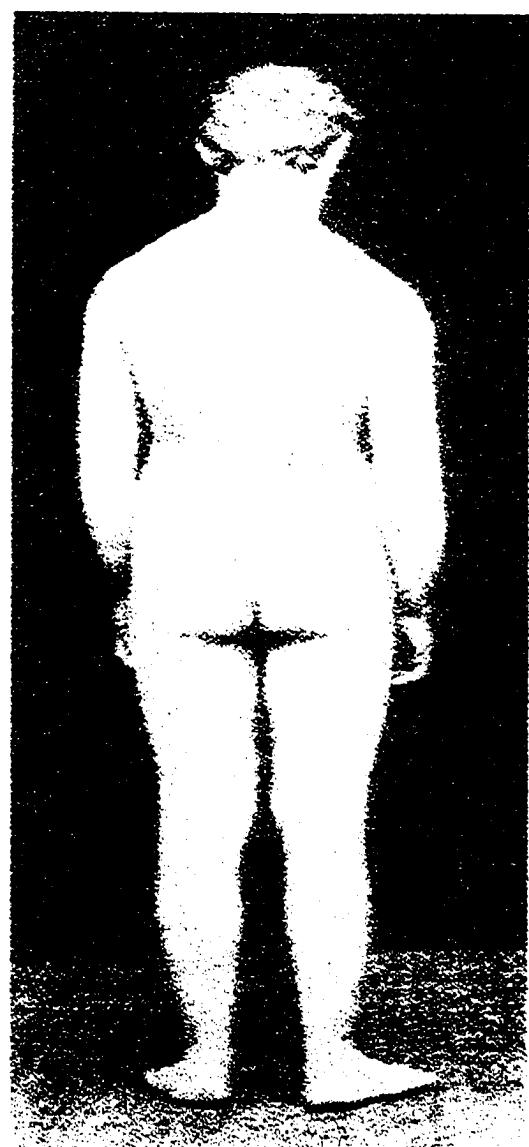


Figure 9.10 “An Affectionate Female” (Fowler 1842)

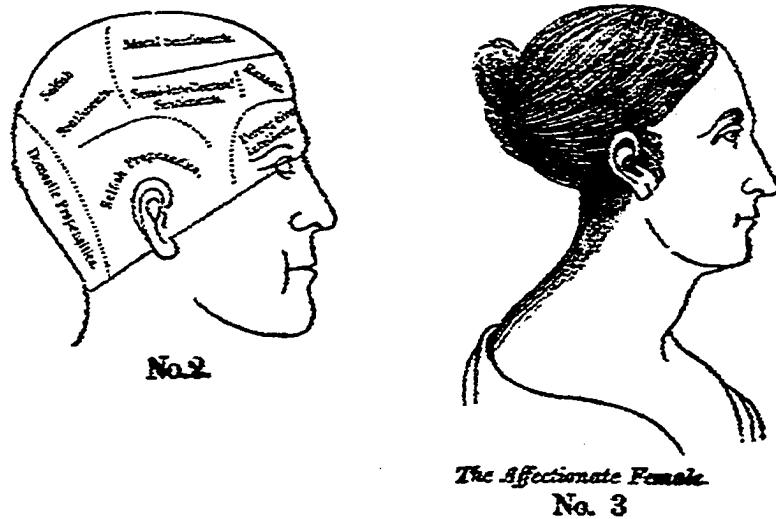


Figure 9.11 “Habits of Intemperance” (Conolly 1858)



Figure 9.12

Lombroso's "Bushwomen" (Gilman 1985b)

**Figure 9.13**

Lombroso's "Hottentot Venus" (Gilman 1985b)



Figure 9.14 Race and Sex (Coombs 1841)



No. 5. Portrait of Milton the poet.



No. 6. Skull of a savage Hottentot. Very small in the Intellect and Sentiments.

Figure 9.15
“Black Fellow” (Redfield 1866)



Figure 9.16
“Elephant” (Redfield 1866)

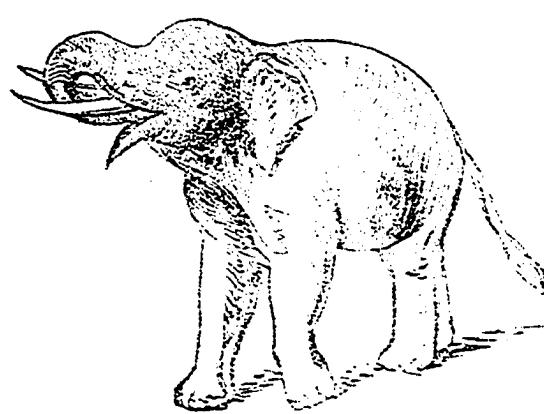


Figure 9.17
“Black Fellow” (Redfield 1866)



Figure 9.18
“Fish” (Redfield 1866)

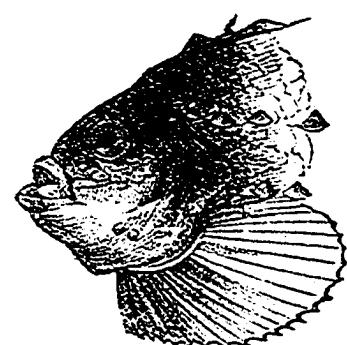


Figure 9.19 "Irishman and Terrier" (Redfield 1866)



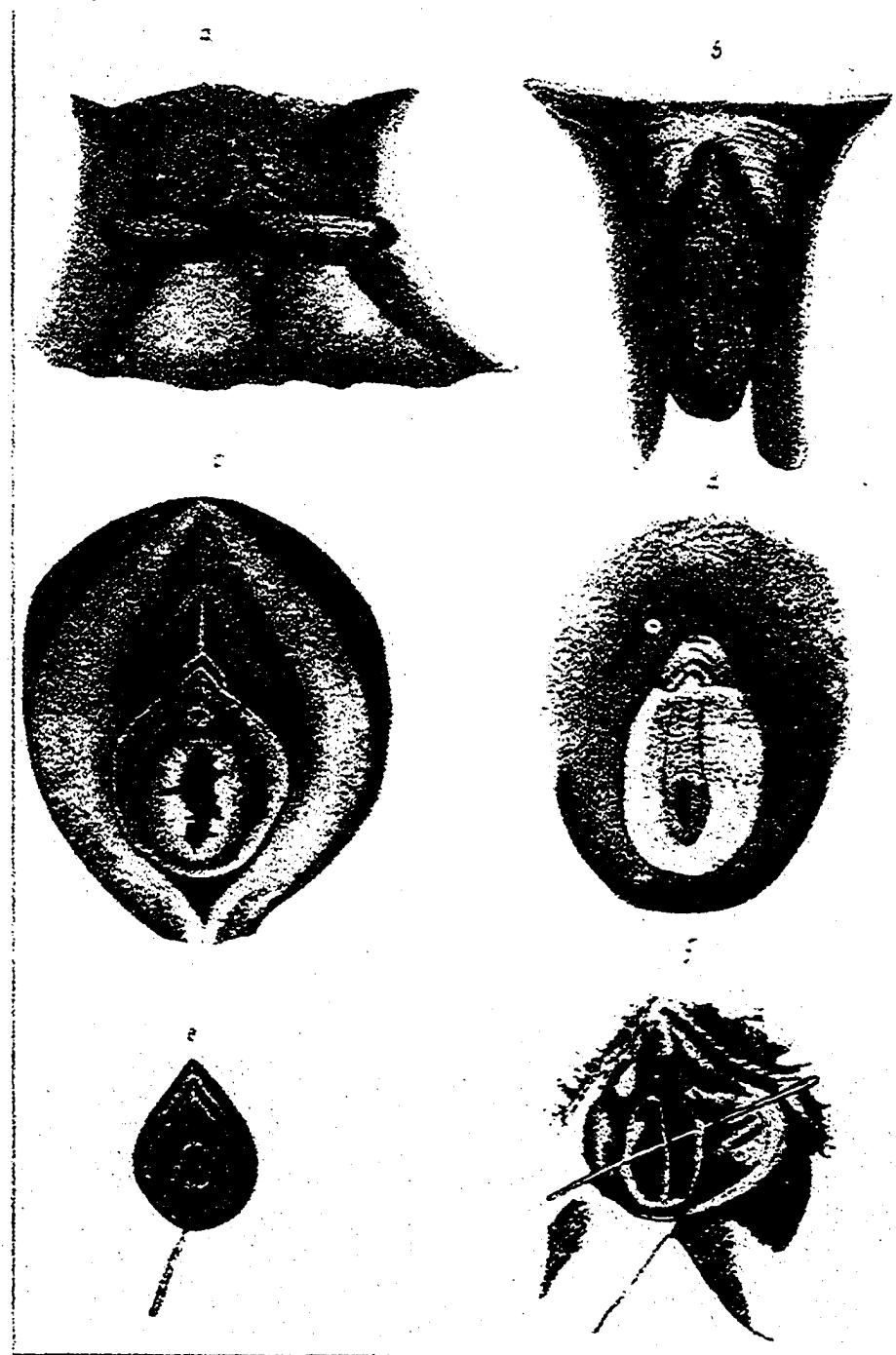
Figure 9.20 Foreheads Delineating Carefulness and Slovenliness (Mason 1888)



FIG. 13.

FIG. 14.

Figure 9.21 Sexual Anomalies in the Hottentot and the European Woman (Lombroso in Gilman 1985b)



6. "Sexual Anomalies in the Hottentot (a, b) and in the European Woman (c, d, e, f)" (from Cesare Lombroso and Guillaume Ferraro, *La donna delinquente: La prostituta e la donna normale* [Turin: L. Roux, 1893]).

Figure 9.22 Intelligence and Ignorance (Frontispiece in Mason 1888)

INSTRUCTIONS IN CHARACTER-READING BY CONTRASTS.



CHAPTER TEN: CONCLUSION: THE BIOPOLITICS OF PSY DISCOURSES

Nineteenth-century psychiatry was a medical science as much for the societal body as for the individual soul (Foucault 1978b:7).

Is it not part of the discipline allotted to us to struggle against the incitements to sin, whether they arise from physical or moral infirmity, or a vitiated state of any of our faculties, mental or corporeal? Is it not our business to deny worldly lusts, mortify our members on earth, and keep our bodies in subjection? (Anonymous 1857:371).

Psychology is a study too much neglected; it is indispensable for every one who has to deal with people; and who has not? The physician, the clergyman, the employer of labour, the officer in the army, the professor, the merchant, the banker, almost every one has to deal with people, and, above all, the lawyer. Self-knowledge is not sufficient to make us free, it must be self-knowledge and the knowledge of other people; it must be self-knowledge in the broadest sense, knowledge of the soul...It is only knowledge that can make us free; and knowledge will make us free. And because it makes us free, knowledge, and chiefly so psychological knowledge, is power (Carus 1900:323).

The invention of moral insanity gave nineteenth-century psychiatrists a unique claim to expertise in the topical issues of morality and health in an age of disruptive modernization whereby industrialization, political revolutions and resistance, urbanization, secularization, and capitalist expansionism altered the social landscape, giving rise to a human science which could account for these effects as individual problems or psychopathologies. The emerging medical discourses offered ‘scientific’ explanations and means to identify, regulate, and combat degeneration in all its dangerous forms and guises. A story riddled with conflict and battles, psychological science managed to strategically locate itself as the moral science of the new modern world, facing great moral collapse and danger from below. The moral and intellectual leadership of medicine and psychiatry carved out its place in the authoritarian battles against vice and any conduct deemed dangerous to the colonialist projects of social

and moral reform and governmentalities. Psychiatry, and its complex truth regimes, based upon “the highest principles of man” established its regulatory and educational importance for the orderly functioning health of the social body under siege by immoral forces. The “exceptional position occupied by the great body of the [medical] profession in relation to every family, high and low, is an immense responsibility of which the importance cannot be exaggerated. It makes of the Medical Profession not only care-takers, but educators of the nation” (Blackwell 1850:2). The merger between medicine and morality was, moreover, an attempt to govern the population through a hybrid discourse: a scientific knowledge that maintained Christian values by administering to the morally degenerate and unfit members of society. Rush is explicit regarding this function of medicine. He writes, for example,

The doctrine of the influence of physical causes on morals is happily calculated to beget charity towards the failings of our fellow creatures. Our duty to practise this virtue is enforced by motives drawn from science, as well as from the precepts of christianity [sic] (1839:19).

As secular superintendents of the public soul, psychiatrists increasingly exercised their cultural authority and expertise by offering scientific definitions of vice as scientific forms of abnormality and degeneration. According to Rush, the real “business of the physician” was a scientific dedication to “reclaim mankind from vice” (cited in Takaki 1979:23). Scipio Pinel, the son of French alienist Philip Pinel, stated that those who pursue “the special vocation of studying the shades of moral and intellectual conduct...are the only persons fit to judge” (Pinel 1836:213). Psychiatrists established their expertise and demanded wider public recognition based on the general argument that society required a remedy for its ills and only

assertions and application of medical expertise, physicians provided a plethora of scientific narratives to account for what was seen as the increasing moral degeneration of the society thus operating as social champions of “goodness,” “normality” and the moral health of the nation: “The physicians of the soul are the ethical teachers of mankind” (Carus 1900:427).

The ‘new’ object targeted by the nineteenth century human sciences was thus the atomized, pathological soul - the prostitute, the gambler, the anarchist, the drunkard, the bandit, the pauper, the disobedient - befitting any person who was deemed uncivilized, immoral, and disrespectful according to the mores of the middle-classes. Moral insanity and the discourses on civilization became central not only to the self-definition of the middle class but also to the policing of the “dangerous classes:” the homeless, the Irish, Jews, prostitutes, the indigenous, feminists, artists, gays and lesbians, criminals, paupers, the unemployed, single mothers, the militants, gypsies, the sick, trade unionists, and so on.

The injection of morality and ethical values into medical discourses involved a concern for public health, advice, moral hygiene and education on the social evils of vice: physicians thus came to act as the custodians of the collective soul, attending to the anti-social bodies within the larger social body. Indeed, Western political, popular, and academic rhetoric has amassed a large lexicon loosely derived from pathological medicine that presumes an organic notion of the nation or civil society which, as a social body, can become besieged, infected, and contaminated by foreign pathogens or dangerous bodies (Harris 1998). As a result, vice and immorality was firmly placed within the domain of medical science that normalized and naturalized the medicalization of morality in Western society,

and escalated the status of psychocentric approaches to social and individual problems.

The growing social significance of nineteenth-century psychiatry was not the end result of the enlightenment trend to discredit and replace the religious and supernatural understanding of individuals and society. The authority of law could not encompass the commission of all morally offensive, peculiar, eccentric or socially transgressive conduct: instead, psychiatry provided the morally viscous web to expropriate social transgressions which did not and could not fall under the purview of legal norms. The morally disturbed were defined as mentally diseased, precisely because this construction provided a legitimate social means of interfering in the lives of those who offended bourgeois civilities, practices and dictates. It appears with little doubt that the problems presented by those identified or diagnosed as morally insane lay in the commission of transgressive social conduct that constituted the primary complaint against them. The morally insane represented the nineteenth-century example *par excellence* of bad social subjects - uncouth, impolite, uncivilized, immoral, and degenerate - who were a source of problems for others - bosses, teachers, family, medical officials, and so forth. Diagnosticians were keenly cognizant of the codes and norms of an emerging 'polite society' as markers of 'civility' and used such dominant codes as the reigning health and moral standards of the day. As such moral insanity and the inherent risk posed by such a group of people became configured in new ways by multiple medical and social discourses, which targeted the dangerous groups as serious threats to the welfare of the 'good citizens' of the nation. The multiple discourses also served to provide popularized 'official truths' proclaimed by experts on the physiognomy of immoralities, who throughout the nineteenth century largely concluded that the morally mad

were not simply or only a group of degenerate sinners but rather, as mentally diseased dangerous individuals to be studied and known through the precepts of imperialist science.

The doctrine of moral insanity arose initially out of an attempt to reconcile theological concerns that sustained the notion of the corrupt but immaterial soul with the burgeoning medical science of the nineteenth-century. The notion of ungovernable, excessive passion as constitutive of a moral disease, as abnormal phenomena which could be mastered by a rationalizing science, was an attempt to remedy the frightening prospects of increasing vice and social evil. It also advanced the idea that socially created inequalities were due to biological determinations rather than the organization of social relations. Crime, prostitution, pauperism, socialism and inebriety all constituted forms of psychological "ethical degeneracy" of the individual according to the historic psychiatric imaginary. Moral insanity thus signalled a social problem that threatened the nation and the state, the racial, gender, and class hierarchies, and the health of society in general. It also provided the means to individualize social problems and reduce them to 'ungovernable elements' in the community.

Historically, psychiatry needs to be understood as a key force in the formation and maintenance of modernity's rationalization of individualization. By exercising its power and influence over those diagnosed as potentially degenerate, psychiatry became a superintendent of the public soul: its cultural effects were globalized through its construction and stigmatization of morally insane subjects. The doctrine of moral insanity provides one particularly cogent historical case study in which the medical community positioned itself as an active moral police in the growing effort to govern and remedy a 'decaying social world' through regulatory struggles to govern the passions and appetites of citizens. Psychiatry as a

medical science did not reject the tenet that the soul was immortal but, instead, provided a science of the materiality of the soul: a moral-materialist science, which could account for unnatural and morally perverted conduct. The methodologies of the human sciences provided a means of actualizing the immateriality of the soul in the form of performative traits and indicative bodily signs which could be read-off of actions, observed on the skin and deduced via the medical gaze and examination which was always in progress. In this way the diseases of the moral faculty could be traced to a connection with physical or somatic causes and effects, justifying their position within medical nosologies without negating or sacrificing traditional religious dicta. As one expert on moral insanity declares: “[W]e are utterly unwilling that our science should for one moment seem to be in opposition with religious truth” (Gilman 1841:15). The mastery and success of a curative medical science provided evidence that its expertise could be effectively exercised in the moral matters of the nation.

Should the same industry and ingenuity, which have produced the triumphs of medicine over diseases and death, be applied to moral sciences, it is highly probable, that most of those baneful vices, which deform the human breast, and convulse the nations of the earth, might be banished from the world (Rush 1839:24-5).

The construction of moral insanity as a degenerative form of mental illness needs to be understood in two ways: firstly, as the first medical attempt to create a biological science of im/morality; and secondly, as a concerted effort on the part of medical authorities to lay unique claim to the social efforts to regulate vice and other depraved, distasteful or dangerous conduct. The invention of the nosological category ‘moral insanity’ provided etiological and epidemiological explanations to account for those persons who displayed an apparent intentional or instinctive rejection of commonly accepted social codes of conduct. It

also provided medical psychologists and psychiatrists the authority to govern the population in seemingly expedient ways that could be justified as conducive of “the greater good” of civil society. Psychiatrists argued that while these individuals knew and comprehended social moralities, they were plagued or cursed with a defective or disordered moral faculty, despite intellectual capabilities and cognitive awareness of conventional moral values. This created a notion of the dangerous individual as one who was intelligent but who significantly, lacked the ability to morally govern the self in socially demanded ways.

As a burgeoning human science, psychiatry, however, could not advance its hegemonic position without the complementary expertise of sociological knowledge on the state of the social world. With the Age of Reason, an unprecedented, secularized morality focusing on the health of society advanced a concern for moral dangerousness by means of a thoroughly social psychiatry which explained individual deviance within a logic of social patterns. The emergence and sedimentation of moral insanity as a socially-oriented science can be seen in four primary ways: first, as a concern over the status of scientific knowledge and authority in a rapidly secularizing and urbanized world; second, as a medical attempt to understand and identify those who were “an intolerable trouble or an actual menace and danger” because of conspicuously anti-social tendencies and conduct contrary to the orderly functioning of the social world (Maudsley 1886:101); third, to administer a scientific diagnostic system to identify, and classify socially unacceptable conduct under the dominion of medicine; and, finally, to cure or at least attempt to prevent the increasingly “dangerous presence of vice in the city” (Burrows 1828, 1829; Guthrie 1858; Tourtelle 1819; c.f. Rimke and Hunt 2002; Smith-Rosenburg 1971; Valverde 1991).

As a “special medicine” psychiatry provided a theoretical corpus of knowledge, which advanced its relevance in categorizing social problems (Castel 1988:88). The concern to diagnose moral insanity was an instance of what Foucault called a dividing practice, which served not merely to distinguish those who were deemed a threat to the social order, but to divide or sequester such persons from the population at large. Generally, the doctrine of moral insanity can be understood as but one attempt to combat the growing ‘evils of civilization,’ which were conceived as directly related to social change, conflict, upheaval and unrest. It should also be understood and situated, however, within bourgeois projects of moral regulation in the history of advanced capitalist societies. Increasingly, in the twentieth-first century, popular psychology has become the hegemonic discourse needed for moral regulatory projects which operate not by controlling the subject but by inciting self-control; not by annulling subjectivity but by producing it, shaping it and designing it in particular ways, forms, with generalized human ‘goals.’ This has helped produce and reproduce, selves, individuals, citizens committed to a personal identity, a moral responsibility, and an ethical self-accountability necessary for a globalized social order intent on producing mass suffering and its correlative mass consumption of psychology producing hyper-individualized self-helping selves who are encouraged to evade social relations in the name of neo-liberal rhetoric of freedom, choice, and the pursuit of happiness (Rimke 1997; 2000b).

The dissertation’s historical focus on psychiatry as a hybridity of Christian morality and Enlightenment positivism constitutes a radical challenge to linear antiquarian historical analyses in both psychiatric and sociological histories. As a disruptive form of historical interrogation and investigation of Western imperialist hegemony at the level of culture and

medicine, the thesis rejected historical methods that are usually characterized by a sequential movement through a series of stages that move events from the past towards the present or from a ‘traditional past’ to a ‘modern present.’ Instead the thesis should be understood as a radically situated history of the present. It has therefore addressed the moralizing overtones of an emergent psy complex and industry in Western society as the cultural production of bourgeois desire and fear implicit in what Elias has referred to as “the civilizing process.” Medical moral regulation targeted those deemed dangerous to bourgeois general interests and visions. Deviantalized not only as immoral subjects but as abnormal inscribed moral worth via the body. A traditional historical account would argue that the medicalization of morality signalled a historical shift whereby religious authority was displaced and replaced by scientific medical expertise. Rather, the thesis has demonstrated that with the advent of moral insanity, medical experts retained a distinctly theologically grounded morality and reconfigured immoral conduct in novel ways that corresponded to the rise of psychocentrism that was crucial for the cultural discourses of liberalism in the expansion of capitalism. The means of realizing this approach was to focus on the ways in which issues of the soul and morality were addressed and materialized in practices, discursive and non-discursive, which caused an insanity of immorality to enter the game of truth and falsity, becoming an object of scientific inquiry and knowledge and openly targeting marginal(ized) social groups. These concerns were organized around the confluence between a heavily theological, moral and scientific discourse replete with the imagery of national decline resulting from moral, and therefore social, disorder. Ultimately, it mattered little whether moral insanity was vice or disease or whether it was due to acquired,

hereditary, environmental, or congenital causes. The main concern was the occurrence of alternative forms of living and experiencing which was recuperated through a “visualicity” (Shields 2004) which targeted the souls of the subaltern groups which became subject to regulation and reformation of the wise men of science who saw themselves as guardians of civilization. “Whether it was vice or disease, urnings or inebriates, what was demanded by civilization was the establishment of institutions for their reformation or treatment” (Urquart cited in Benedikt 1894:595).

At the level of the familiar, terms such as ‘sick,’ ‘crazy,’ ‘nuts,’ ‘psycho,’ and ‘insane’ have become part of everyday vernacular. Cultural and popular discourses are no less effective in social governance than the formal truth of medical science. The effects of scientific knowledge continue to inform, shape, and legitimate myriad informal discourses on difference and inferiority. Attempts to enforce submission to moral codes grounded in imperialist theologies did not disappear, nor were they simply subsumed under more ‘truthful’ or ‘objective’ terms. Contemporary moral panics and discourses on dangerous souls have persistently re-emerged and been reconfigured within new discursive linkages and practices in the post-911 world. Advanced capitalism requires not only a dominant political discourse - neo-liberal rhetoric on ‘freedom,’ ‘justice,’ and ‘equality’ - it also requires a psychocentric hegemony which directs attention away from the roots of social problems providing individual ‘remedies’ to adapt and cope to an increasingly hostile world. Global human crises and unnecessary suffering and death have become an everyday fact, yet science, medicine and technology - the holy trinity of ‘civilization’ and ‘progress’ - has failed the majority of the human population. Worse yet, is the production of neo-liberal jargon that

perpetuates myths, stereotypes, and overgeneralizations feeding the feel-good middle-class illusions leading to twenty-first century social cleansing of the poor, the potential and actual extinction of Indigenous peoples, and other minorities (both numerically and politically), while the Western capitalist world is bent on ecological and environmental destruction.

In one sense, this thesis is a very old story narrated in a new way. There have been many ‘historical struggles’ where the authorities waged war against those groups that threatened its existence and control; nay, these struggles always already condition the broader social landscape and colonialist powers that shape, regulate and guard civil society and cultures of so-called civilized powers. Revolutionaries, insurgents, and militants in the past thus continue to live in the present as spectres and actual people. The past is therefore very present in the present, and the effects and forces of scientific truth regimes and technology, as in years past, cannot be underestimated or understated today. The history of the human sciences, and its dominant pathologizing discourse of deviance - ‘the morally sick’ continues to be used as a legitimating tactic for targeting subaltern groups or those who threaten the existence, practices and values of the bourgeoisie. Biology and technological fascism in psychocentric forms continues the individualizing tendencies necessary for imperialist colonizing projects of the globalized capitalist order; by persistently reassigning causes of social problems to individual deficiencies - both personal and physiological defects - the psychological colonization of moral nature maintains and reproduces the worst of humanity’s past. The historical relationship between genetic reasoning and industrial economic development created a need to broaden information systems through modern technological

innovations (Thurtle 2002) which also required a reshaping of social subjectivities which could account for moral regulation in scientific ways. Fascism requires certain subjectivities to exist, as much as it requires the prevention of threatening social forces: certain truths and narratives become suppressed or invisibilized by hegemonic articulations. This apparently programmatic compulsory social amnesia authorizes and legitimates asocial and ahistorical understandings of ourselves, others and, particularly, the histories of the oppressed. The history of the oppressor dominates Western mass media, including scholarship today that remains riddled with moral admonitions and myths targeting the demonized classes. The ‘neo-liberal governmentalities’ characteristic of contemporary advanced capitalist societies should thus be a focus of critical research where the politics of psychocentrism is taken seriously and analyzed as an imperialist hegemonic discourse of capitalism, the liberalizing politics that remain predominant in the academy. Critical historical approaches need to emphasize not only the operations, practices and targets of ‘governance’ as a neo-liberal strategy of rule but also the psychologizing tendencies inherent in neo-liberalist approaches to social problems. The persistent failure of governance points to the strong possibility that ungovernability may be inherent in social attempts to govern the ungovernable. Rather than present an historical analysis and a narrative that reproduces social hierarchies and governmental rationalities as normal and natural, the thesis has argued and demonstrated that interrogative methods are best suited to “talk back” to those experts who embodied and acted upon colonialist desires. Moral imperialism continues to reproduce divisive, exclusionary, punitive and ethnocidal discourses and practices under the guise of scientific progress, technology, and truth. Understanding the medical moral regulation that characterizes

contemporary culture, we can attempt to address and therefore eradicate the hegemonic practices of psychocentrism that maintains and reproduces a deadly global order that historically targets the bodies of the demonized. The constitution of the dangerous as morally insane needs to be understood as a historically situated social construction of truth where the point of convergence - or rather mutual collapse - between objectivity and power is hegemonic (Mouffe 1995:261).

Hegemony thus explains the objectification of danger as a dominant and necessary governmentality. In the government over life and death - biopower - bodies are morally regulated and medicalized for the greater good of 'civilization.' Writing a radical history of the present challenges the cultural psychocentrism of neo-liberal Western hegemony. Cushman argues that psychology is one of the guilds most responsible for determining "the proper way of being human" wielding a significant amount of power, especially in our era, with its proliferation of moral discourses centered on the psychopathic individual. Disrupting the political rhetoric of individualism upon which neo-liberalism and psychocentrism relies, and placing embodied moral discourses at the center of critical analysis, allow us to analyze the historical constituting factors that contributed to the emergence of so-called civil society and its accompanying mythologies about equality, morality, and justice.

This dissertation has demonstrated that the emergence of moral insanity represented psychiatry's moralizing engagement with diverse populations that both generated and ministered to anxieties about the disorder consequent upon both individual and collective excess, deficiency and resistance. There has been no linear development from theological to

secular moral governance. Nor was there ever a time marked by an untroubled advance of psychiatric knowledge and expertise. Influential though the discourses organized around moral insanity were, they never succeeded in establishing a coherent, unified, or comprehensive doctrine. Indeed, the career of moral insanity is marked with contention, opposition, and contestation. However, moral insanity has never vanished from the psychiatric imaginary. Rather, it was absorbed into new clinical categories at the turn of the twentieth century. This can be witnessed, for example, in Kock's 'psychopathic inferiorities,' Albrecht's 'amoral syndrome,' Bleuler's 'moral oligophrenia,' Scholz's 'moral anaesthesia' and Kahn's 'moral feeble-mindedness.' These clinical categories have continued to identify sexual aberrations, shamelessness, remorselessness, eccentricities, and ethical deformities as symptomatic of mental disease or psychopathologies.

Not until 1950 did Schneider warn his professional colleagues that descriptors of psychopathology inherited from nineteenth-century psychiatry should be avoided because they had "a social rather than a clinical ring" (1958:126). Thus, despite changes in terminology, classifications, and an ever-expanding list of symptoms, the doctrine of moral insanity has an irrefutable relation to psychiatric discourses on 'anti-social' personalities with their heavy-handed focus on social and moral transgressions (McCord and McCord 1964; Craft 1965; Leaff 1978; Elliott 1978). While no uncontested and unified discourse of moral insanity was ever advanced, it did provide the foundation for the institutionalization of psychocentrism, a form of psychologizing 'uncivilized' or 'immoral' conduct as an individual psychopathology rooted in the very nature of the person. It also acted as the springboard for the emergence of the relatively stable and persistent category of 'personality'

disorders' and other psychocentric theories within psychiatry and the human sciences over the last one hundred and eighty years.

BIBLIOGRAPHY

- Abdi, Ali A. 2001. "Qualitative Methodology, the Historical Sociologist and Oral Societies: Re-assessing the Reliability of Remembered 'Facts.'" *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, September, 2:3, February 21, 2003. <<http://www.qualitative-research.net/fqs-texte/3-01/3-01abdi-e.htm>>
- Abercrombie, John. 1859. *Inquiries Concerning the Intellectual Powers, and the Investigation of Truth*. New York: Collins and Brother.
- Abrams, Philip. 1982. *Historical Sociology*. Ithaca: Cornell University Press.
- Ackermann, Erwin H. 1968. *A Short History of Psychiatry*. Translated by Sula Wolff. New York: Hafner.
- Acton, William. 1857. *The Laws of Health, or, Sequel to "The House I Live in."* Boston: John P. Jewett.
- Adams, Joseph. 1806. *An Inquiry into the Laws of Different Epidemic Diseases*. London: Johnson, Callow and Grace.
- Aldama, Arturo J. (ed). 2003a. "An Introduction: Violence, Bodies and the Color of Fear" in *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 1-15.
- Aldama, Arturo J. (ed). 2003b. "Borders, Violence, and the Struggle for Chicana and Chicano Subjectivity" in *Violence and the Body: Race, Gender, and the State*. Indiana: Indiana University Press, 19-38.
- Alexander, Franz and Sheldon Selesnick. 1966. *The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present*. New York: Harper and Row.
- Allen, Matthew. 1831. *Cases of Insanity, with Medical, Moral, and Philosophical Observations and Essays upon Them*. London: Swire.
- Allen, Richard. 1975. "The Social Gospel and the Reform Tradition in Canada, 1890-1928" in Samuel D. Clark, J. Paul Greyson and Linda Greyson (eds) *Prophecy and Protest: Social Movements in the Twentieth-Century*. Toronto: Gage Educational Publishing Limited.
- Allerenshaw, R. 1856. "On Photography Applied to the Phenomena of Insanity." *Journal of the Photographic Society of London*, 44, 88-9.
- Altschule, Mark. 1965. *Modern Society: Essays in the History of Psychiatry*. New York: Grune and Stratton.
- Amin, Samir. 1989. *Eurocentrism*. New York: Monthly Review Press.
- Amirault, Chris. 1993. "Posing the Subject of Early Medical Photography." *discourse*, 16:2, Winter 1993/94.
- Anderson, Elizabeth Garrett. 1874. "Sex in Mind and Education: A Reply." *Fortnightly Review*, June, 15, 582-95.
- Andrews, Florence Kellner. 1991. "A 1990s View of Research on Youthful Alcohol Use: Building from the Work of Selden A. Bacon" in Paul M. Roman (ed.) *Alcohol: The Development of Sociological Approaches on Use and Abuse*. New Brunswick: Rutgers Center of Alcohol Studies.

- Anonymous. 1756. *ONANIA, or the Heinous Sin of Self-Pollution and All Its Frightful Consequences in Both Sexes*. Eighteenth Edition. London: Charles Corbett.
- Anonymous. 1850. "The Relations of Religion to What Are Called Diseases of the Mind." *Princeton Review*, January, 22:1, 1-41.
- Anonymous. 1851a. "Woman in her Psychological Relations." *Journal of Psychological Medicine and Mental Pathology*, 4, 18-50.
- Anonymous. 1851b. "Moral Insanity." *Boston Medical and Surgical Journal*, May 7, 44:14, 285.
- Anonymous. 1855. "Moral Insanity - Dr. Mayo's Croonian Lectures." *Fraser's Magazine*, March, 51:303, 245-59.
- Anonymous. 1857. "Moral Insanity." *Princeton Review*, 29:3, 345-75.
- Anonymous. 1865. "Moral Insanity." *American Journal of Insanity*, 22, 133-7.
- Anonymous. 1870. *Fashionable Amusements; or, the Respectability of Modern Dancing*. Grafton, Montreal.
- Anonymous. 1877. "Tramps and Pedestrians." *Blackwood's Magazine*, 122, 325-45.
- Anonymous. 1882. "Moral Insanity and Imbecility." *Journal of Nervous and Mental Disease*, 9, 645-50.
- Anonymous. 1886. "Castration in Nervous and Mental Disease." *Journal of the American Medical Association*, 7, 547-549.
- Anonymous. 1890. "Procreation of the Criminal and Degenerate Classes." *Medical Record*, 37, 562.
- Anonymous. 1891a. "Discussion of the Section of Psychology, at the Meeting of the British Medical Association, Queen's University, Belfast, July 1884" in *D.H. Tuke Prichard and Symonds in Especial Relation to Mental Science, with Chapters on Moral Insanity*. London: J. A Churchill, 97-100.
- Anonymous. 1891b. "Discussion of the Annual Meeting of the Medico-Psychological Association, held at Queen's College, Cork, 1885" in *D.H. Tuke Prichard and Symonds in Especial Relation to Mental Science, with Chapters on Moral Insanity*. London: J. A Churchill, 112-116.
- Anonymous. 1891c. "Moral Insanity." *British Medical Journal*, September 19, 652-3.
- Anonymous. 1891d. "The Problem of the Slums." *Blackwood's Magazine*, 149, 123-36.
- Anonymous. 1892a. "Castration for Neuroses and Psychoses in the Male." *Medical Record*, 41, 43.
- Anonymous 1892b. "Castration Recommended as a Substitute in Capital Punishment." *Journal of the American Medical Association*, 18, 499-500.
- Anonymous. 1892c. "Castration for Melancholia." *Medical Record*, 42, 736.
- Anonymous. 1893. "An Experiment in Castration." *Medical Record*, 43, 433-4.
- Anonymous. 1894. "Castration of Sexual Perverts." *Medical Record*, 43, 479-480.
- Anonymous. 1900. "On Moral Idiocy and its Frequency in the Descendants of the Insane." *New York Medical Journal*, 72, 548-9.
- Anonymous. 1906. "Inebriety After a Form of Moral Insanity." *New York Medical Journal*, 83, 573.
- Anonymous. 1910. "The Sterilization of Criminals and Other Degenerates." *Indianapolis*

- Medical Journal*, 13, 163-5.
- Anton, G. 1910. "Moral Insanity in Children." *Journal of American Medical Association*, 54, 1014.
- Aoued, Ahmed. 2003. "The Right to Development as a Basic Human Right" in Lucy Williams, Asbjorn Kjonstad and Peter Robson (Eds) *Law and Poverty: The Legal System and Poverty Reduction*. London: Zed Books.
- Artega, Alfred. 2003. "The Red and the Black" in Arturo J. Aldama, (ed). 2003. *Violence and the Body: Race, Gender, and the State*. Indiana: Indiana University Press, vii-viii.
- Armstrong, David. 1995. "The Rise of Surveillance Medicine." *Sociology of Health and Illness* 7:3, 393-404.
- Armstrong, E. 1998. "Diagnosing Moral Disorder: The Discovery and Evolution of Fetal Alcohol Syndrome." *Social Science and Medicine*, 47:12, 2025-2040.
- Arnold, Thomas. 1976 [1782]. *Observations on the Nature, Kinds, Causes, and Prevention of Insanity*. Volumes 1 and 2. New York: Arno Press.
- Ashmore, Michael. 1989. *The Reflexive Thesis: Writing Sociology of Scientific Knowledge*. Chicago: University of Chicago Press.
- Arthur, T.S. 1877. *Grappling with the Monster, or the Curse and the Cure of Strong Drink*. New York: John W. Lovell Company.
- Augstein, Hannah Franziska. 1996. "J.C. Prichard's Concept of Moral Insanity - a Medical Theory of the Corruption of Human Nature." *Medical History*, 40, 311-43.
- Augstein, Hannah Franziska. 1999. *James Cowles Prichard's Anthropology: Remaking the Science of Man in Early Nineteenth-century Britain*. Amsterdam: Rodopi.
- Baigrie, Brian (ed.). 1996. *Picturing Knowledge: Historical and Philosophical Problems Concerning the uses of Art in Science*. Toronto: Toronto University Press.
- Bain, Alexander. 1861. *On the Study of Character Including an Estimate of Phrenology*. London: Parker.
- Bannister, H.M. 1877. "Moral Insanity." *Journal of Nervous and Mental Disease*, 4:4, October, 645-668.
- Barker, C. 2000. *Cultural Studies: Theory and Practice*. London: Sage.
- Barlow, John. 1998 [1843]. "On Man's Power over Himself to Prevent or Control Insanity" in Jenny Bourne-Taylor and Sally Shuttleworth (eds.) *Embodied Selves: An Anthology of Psychological Texts 1830-1890*. Oxford: Clarendon Press, 243-8.
- Barr, Martin W. 1895. "Moral Paranoia." *The Alienist and Neurologist*, 16, 272-84.
- Barthes, Roland. 1985. *Mythologies*. London: Jonathan Cape.
- Battie, William. 1962 [1758]. *Treatise on Madness*. London: Dawsons.
- Bauduy, J.K. 1879. "Emotional Insanity." *The Saint Louis Medical and Surgical Journal*, 36:4, 259-84.
- Becker, Howard. 1963. *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press.
- Becker, Howard. 1967. "Whose Side Are We On?" *Social Problems*, 14, Winter, 239-47.
- Beecher, Catherine. 1873. *Miss Beecher's Housekeeper and Healthkeeper*. New York: Harper and Brothers.

- Beers, M. Dominic. 1996. "Psychosis: A History of the Concept." *Comprehensive Psychiatry*, 37:4, 273-91.
- Beirne, P. 1987. "Adolphe Quetelet and the Origins of Positivist Criminology." *American Journal of Sociology*, 92:5, 1140-69.
- Bierne, P. 1993. "The Rise of Positivist Criminology: Adolphe Quetelet's Social Mechanics of Crime" in *Inventing Criminology: Essays on the Rise of Homo Criminalis*. New York: University of New York Press, pp.
- Beisel, N. 1997. *Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America*. Princeton: University of Princeton Press.
- Belkin, Gary. 1996. "Moral Insanity, Science and Religion in Nineteenth-century America: the Gray-Ray Debate" *History of Psychiatry*, vii, 591-613.
- Benedikt, Moritz. 1894. "On Moral Insanity and its Relation to Criminology." *Journal of Mental Science*, 40, October, 591-597.
- Benjamin, Walter. 1979. "A Small History of Photography" in *One Way Street and Other Writings*. Trans. E. Jephcott and K. Shorter. London: New Left Books. 240-57.
- Bentham, Jeremy. 1887. *The Theory of Legislation*. Translated by Richard Hildreth. London: Trubner & Co.
- Berg, Bruce. 2004. *Qualitative Research Methods for the Social Sciences*. 5th Edition Toronto: Allyn and Bacon.
- Bernal, Martin. 1987. *Black Athena: The Afro-Asiatic Roots of Classical Civilization*. Volume 1. New Brunswick: Rutger's University Press.
- Berrios, German. 1996. *The History of Mental Symptoms: Descriptive Psychopathology Since the Nineteenth-Century*. Cambridge: Cambridge University Press.
- Berrios, G.E. 1999. "J.C. Prichard and the Concept of Moral Insanity." *History of Psychiatry*, 10:37, March, 111-126.
- Berrios, German and Roy Porter (eds.). 1995. *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders*. London: Athlone.
- Bevan, William. 1843. *Prostitution in the Borough of Liverpool*. Liverpool: Longman.
- Bhabha, Homi K. 1992. "Postcolonial Authority and Postmodern Guilt" in Lawrence Grossberg, Cary Nelson and Paula A. Treichler (eds) *Cultural Studies*, 56-68.
- Blackburn, John. 1827. *Reflections on the Moral and Spiritual Claims of the Metropolis*. London: Sherwood.
- Blackwell, Elizabeth. n.d. *Medicine and Morality*. London: Social Purity Alliance.
- Bland, Lucy. 1995. *Banishing the Beast: English Feminism and Sexual Morality, 1885-1917*. Harmondsworth: Penguin Books.
- Blondel, James. 1729. *The Power of the Mother's Imagination Over the Foetus Examined, in Answer to Dr. Dan Turner's Book Entitled "A Defence of the 12th Chapter of the First of A Treatise, De Morbis Cutaneis."* London: J. Brotherton.
- Bloor, David. 1991. *Knowledge and Social Imagery*. Chicago: University of Chicago Press.
- Blumer, Herbert. 1939. "Collective Behavior" in Robert E. Park (ed.) *Principles of Sociology*. New York: Barnes and Noble, 221-79.
- Boland, Faye. 1999. *Anglo-American Insanity Defence Reform: The War Between Law and Medicine*. Aldershot: Ashgate.

- Bookchin, Murray. 1998. *The Spanish Anarchists: The Heroic Years, 1868-1936*. Edinburgh: AK Press.
- Booth, William. 1890. *In Darkest England and the Way Out*. London: The Salvation Army.
- Bouchereau, Gustave. 1892. "Nymphomania" in D.H. Tuke (ed.) *A Dictionary of Psychological Medicine*. Volume II. Philadelphia: P. Blakiston, 863-66.
- Bove, Paul A. 1986. *Intellectuals in Power: A Genealogy of Critical Humanism*. New York: Columbia University Press.
- Bowen, Francis. 1855. *The Principles of Metaphysical and Ethical Science Applied to the Evidence of Religion*. Boston: Hickling, Swan and Brown.
- Bowler, P. 1983. *The Eclipse of Darwinism: Anti-Darwinian Evolutionary Theories in the Decade Around 1900*. Baltimore: Johns Hopkins University Press.
- Boyd, Susan C. 2004. *From Witches to Crack Moms: Women, Drug Law, and Policy*. Durham: Carolina Academic Press.
- Boyne, Roy. 2000. "Post-Panopticism." *Economy and Society*, 29:2, May 1, 285 - 307.
- Bracken, Len. 1997. *Guy Debord - Revolutionary*. Venice: Feral House.
- Brace, Charles Loring. 1872. *The Dangerous Classes of New York*. New York: Wynkoop and Hallenbeck.
- Brady, James T. and John A. Bryan. 1857. *Trial of Charles B. Huntington for Forgery. Principal Defence: Insanity*. New York: John S. Voorhies.
- Brain, David. 1994. "Cultural Production as 'Society in the Making': Architecture as an Exemplar of the Social Construction of Cultural Artefacts" in D. Crane (ed.) *The Sociology of Culture*. Oxford: Blackwell.
- Braive, Michel. 1966. *The Era of the Photograph: A Social History*. New York: Random House.
- Brazier, Chris. 2001. *A No-Nonsense Guide to World History*. Toronto: Between the Lines.
- Brecher, Jeremy. 1997. *STRIKE!* Boston: South End Press.
- British Medical Association, Meeting at Belfast, July and August 1884. "Proceedings." *Journal of Mental Science*, 31, 1885, 284-6.
- Britton, Andrew. 1988. "The Myth of Postmodernism: The Bourgeois Intelligentsia in the Age of Reagan." *CineAction!* Summer, 3-17.
- Brodie, B. 1854. "Psychological Inquiries." *Fraser's Magazine*, October, 50, 371-87.
- Broussais, F.J.V. 1833. *On Irritation and Insanity: a Work, Wherein the Relations of the Physical with the Moral Conditions of Man, Are Established on the Basis of Physiological Medicine*. London: S.F. M'Morris.
- Brown, Lorne and Caroline Brown. 1973. *An Unauthorized History of the RCMP*. Toronto: James, Lewis and Samuel.
- Bucknill, John C. and Daniel H. Tuke. 1858. *A Manual of Psychological Medicine*. Philadelphia: Blanchard and Lea.
- Bullough, Vern and Bonnie Bullough. 1977. *Sin, Sickness and Sanity: A History of Sexual Attitudes*. New York: Meridian.
- Bunn, Geoffrey C. 2000. "Euphoric Security: The Lie Detector and Popular Culture" Gary Kinsman, Dieter K. Buse and Mercedes Steedman. (eds) *Whose National Security?*

- Canadian State Surveillance and the Creation of Enemies.* Toronto: Between the Lines, 201-10.
- Burdon, William. 1803. *Advice Addressed to the Lower Ranks of Society.* Newcastle: Publisher Unknown.
- Burdon, William. 1844-58. *A Dictionary of Practical Medicine.* London: Publisher Unknown.
- Burke, Peter. 1978. *Popular Culture in Early Modern Europe.* London: Temple Smith.
- Burke, Peter. 1980. *Sociology and History.* London: Allen and Unwin.
- Burke, Peter. 1992. *Social Theory and History.* Cambridge: Polity Press.
- Burke, Peter. 2001a. *New Perspectives on Historical Writing.* Cambridge: Polity Press.
- Burke, Peter. 2001b. "Picturing History." *History Today*, April, 51:4, 22-3.
- Burrows, George Man. 1828. *Commentaries on the Causes, forms, Symptoms, and Treatment, Moral and Medical, of Insanity.* London: Underwood.
- Burrows, George Man. 1829. *An Inquiry into Searching Errors Relative to Insanity; and Their Consequences: Physical, Moral, and Civil.* London: Underwood.
- Burrows, Adrienne, and Ian Schumacher. 1990. *Portraits of the Insane: The Case of Dr. Diamond.* London: Quartet Books.
- Buse, Dieter K. 2000. "Observing the Political and Informing on the Personal: State Surveillance Systems in European Context" in Gary Kinsman, Dieter K. Buse and Mercedes Steedman. (eds) *Whose National Security? Canadian State Surveillance and the Creation of Enemies.* Toronto: Between the Lines, 11-19.
- Butler, Judith. 1990. *Gender Trouble: Feminism and the Subversion of Identity.* New York: Routledge.
- Butler, Judith. 1993. *Bodies that Matter: On the Discursive Limits of "Sex."* New York: Routledge.
- Butler, Samuel. 1998 [1877]. "Life and Habit" in Jenny Bourne Taylor and Sally Shuttleworth (eds.) *Embodied Selves: An Anthology of Psychological Texts 1830-1890.* Oxford: Clarendon Press, 160-1.
- Bynum, W.F. 1984. "Alcoholism and Degeneration in Nineteenth-Century European Medicine and Psychiatry." *British Journal of Addiction*, 79, 59-70.
- Bynum, W.F. 1985. "The Nervous Patient in Eighteenth- and Nineteenth-Century Britain: The Psychiatric Origins of British Neurology" in W. F. Bynum, Roy Porter, and Michael Shepherd (eds.) *The Anatomy of Madness: Essays in the History of Psychiatry.* London: Tavistock, 89-102.
- Callero, Peter L. 2003. "The Sociology of the Self." *Annual Review of Sociology*, August, 29, 115-33.
- Callon, Michael. 1988. "Some Elements of a Sociology of Translation: Domestication of the Scallops and the Fishermen of St. Brieuc Bay" in John Law (ed) *Power, Action and Belief: A New Sociology of Knowledge.* London: Routledge, 197-233.
- Campbell, Colin. 1887. "A Case of Moral Insanity." *Journal of Mental Science*, April, 33, 74-81.
- Campbell, John Bunyan. 1884. *Vitapathy for the People.* Fairmont: John Bunyan Campbell.
- Canguilhem, Georges. 1991. *The Normal and the Pathological.* New York: Zone.

- Canter, David. 2002. "The Violated Body." in Sean T. Sweeney and Ian Holder (eds.) *The Body*. Cambridge: Cambridge University Press, 57-74.
- Carlson, E. 1985. "Medicine and Degeneration: Theory and Praxis" in Sander L. Gilman (ed.) *Degeneration: the Dark Side of Progress*. New York: Columbia UP, 121-44.
- Carlson, E. 2001. *The Unfit: A History of a Bad Idea*. New York: Cold Spring Harbor.
- Carrol, Patrick. 1996. *Science, Power, and Bodies: The Mobilization of Nature as State Formation*. Cambridge: Blackwell Publishing.
- Cartwright, Frederick. 1977. *A Social History of Medicine*. London: Longman.
- Cartwright, Lisa. 1995. *Screening the Body: Tracing Medicine's Visual Culture*. Minneapolis: University of Minnesota Press.
- Carus, Paul. 1900[1891]. *The Soul of Man: An Investigation of the Facts of Physiological and Experimental Psychology*. Chicago: The Open Court Publishing Co.
- Castel, Robert. 1975. "Doctors and Judges" in M. Foucault (ed.) *I, Pierre Riviere, Having Slaughtered My Mother, My Sister, and My Brother...A Case of Parricide in the 19th Century*. Lincoln: University of Nebraska Press, 250-69.
- Castel, Robert. 1988. *The Regulation of Madness: The Origins of Incarceration in France*. Los Angeles: University of California Press.
- Castel, Robert. 1995. "'Problematization' as a Mode of Reading History" in Jan Goldstein (ed.) *Foucault and the Writing of History*. Cambridge: Blackwell, 237-52.
- Chadwick, Edwin. 1842. *Report from the Poor Law Commissioners on an Inquiry into the Sanitary Conditions of the Labouring Population of Great Britain*. London, 369-372.
- Charpentier, Sari. 2000. "Gender, Body and the Sacred: Heterosexual Hegemony as a Sacred Order." *Queen: A Journal of Rhetoric and Power*, 11,
- Chen, X. 2003. "Constituting 'Dangerous Parents' Through the Spectre of Child Death: A Critique of Child Protection Restructuring in Ontario" in D. Brock (ed.) *Making Normal: Social Regulation in Canada*. Toronto: Nelson Thomson, 20-234.
- Cherner, Melvin (ed.). 1967. *The Contemporary World Since 1850*. New York: McGraw-Hill.
- Chesney-Lind, M. 1999. "Media Misogyny: Demonizing 'Violent' Girls and Women" in J. Ferrell and N. Websdale (eds.) *Making Trouble: Cultural Constructions of Crime, Deviance and Control*. New York: Aldine de Gruyter, 115-140.
- Childs, Dennis. 2003. "Angola, Convict Leasing, and the Annulment of Freedom: The Vectors of Architectural and Discursive Violence in the U.S. 'Slavery of Prison'" in Arturo J. Aldama (Ed.) *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 189-208.
- Churchill, Ward. 2000. *Pacifism as Pathology: Reflections on the Role of Armed Struggle in North America*. Winnipeg: Arbeiter Ring.
- Clark, Daniel. 1880. *Heredity, Worry & Intemperance as Causes of Insanity*. Toronto: C.B. Robinson.
- Clark, Daniel. 1895. *Mental Diseases: A Synopsis of Twelve Lectures*. Toronto: William Briggs.
- Clark, Daniel. 1887. "A Psycho-Medical History of Louis Riel." *American Journal of Insanity*, July, 1-19.

- Clark, Campbell. 1888. "The Sexual and Reproductive Functions, Normal and Perverted, in Relation to Insanity." *Journal of Mental Science*, 34, 383-93.
- Clark, C.K. 1886. "Clinical Cases. The Case of William B. - Moral Imbecility." *American Journal of Insanity*, 43, July, 83-103.
- Clouston, T. 1883. *Clinical Lectures on Mental Diseases*. London: Churchill.
- Cohen, Stanley. 1972. Folk Devils and Moral Panics: The Creation of Mods and Rockers. London: MacGibbon & Kee.
- Cohen, Stanley. 1979. "The Punitive City: Notes on the Dispersal of Social Control." *Contemporary Crises*, 3, 339-63.
- Cohen, Stanley. 1985. *Visions of Social Control*. Cambridge: Polity Press.
- Cohen, William A. 2003. "Deep Skin" in Jeffrey Jerome Cohen and Gail Weiss (eds.) *Thinking the Limits of the Body*. New York: State University of New York Press, 63-82.
- Cole, Stephen. 1992. *Making Science*. Cambridge: Harvard University Press.
- Comack, Elizabeth. 1991. "We Will Get Some Good out of this Riot Yet: The Canadian State, Drug Legislation and Class Conflict" in Elizabeth Comack and Stephen Brickey (eds.) *The Social Basis of Law: Critical Readings in the Sociology of Law*. Halifax: Garamond Press, 48-70.
- Combe, Andrew. 1972 [1830]. *Observations on Mental Derangement*. Boston: Marsh, Capen and Lyon.
- Combe, George. 1834. *System of Phrenology*. Edinburgh: J. Anderson.
- Conolly, John. 1830. *An Inquiry Concerning the Indications of Insanity, with Suggestions for the Better Protection and Care of the Insane*. London: John Taylor.
- Conolly, John. 1858. "The Physiognomy of Insanity, Supervening on Habits of Intemperance." *Medical Times and Gazette*, December 25, 651-3.
- Coombs, F. 1842. *Popular Phrenology*. N.P.
- Cooter, Roger. 1984. *The Cultural Meaning of Popular Science: Phrenology and the Organization of Consent in Nineteenth-century Britain*. Cambridge: Cambridge University Press.
- Corrigan, Phillip. 1981. "On Moral Regulation." *Sociological Review*, 5:29, 313-18.
- Corrigan, Phillip. 1990. *Social Forms/Human Capacities: Essay in Authority and Difference*. London: Routledge.
- Craft, Michael. 1965. *Ten Studies into Psychopathic Personality: A Report to the Home Office and the Mental Health Research Fund*. Bristol: John Wright and Sons.
- Crary, Jonathan. 1991. *Techniques of the Observer: On Vision and Modernity in the Nineteenth-Century*. Cambridge: MIT Press.
- Crichton, Alexander. 1798. *An Inquiry into the Nature and Origin of Mental Derangement*. 2 Volumes. London: T. Cadwell and W. Davies.
- Crichton-Browne, James. 1998 [1883]. "Education and the Nervous System." in Jenny Bourne-Taylor and Sally Shuttleworth (eds.) *Embodied Selves: An Anthology of Psychological Texts 1830-1890*. Oxford: Clarendon Press, 338-41.
- Cross, Michael S. (ed.). 1974. *The Workingman in the Nineteenth Century*. Toronto: Oxford University Press.

- Cushman, Phillip. 1996. *Constructing the Self, Constructing America: A Cultural History of Psychotherapy*. Massachusetts: Addison Wesley.
- Czarniawska, Barbara. 2003. "The Use of Narrative in Social Science Research" in Melissa Hardy and Alan Bryman (eds.) *Handbook of Data Analysis*. London: Sage, 649-55.
- Czarniawska, Barbara. 2004. *Narratives in Social Science*. London: Sage.
- Dain, Norman and Eric Carlson. 1962. "Moral Insanity in the United States 1835-1866." *American Journal of Psychiatry*, March, 118:9, 795-801.
- Dannenbaum, Jed. 1984. "The Social History of Alcohol." *The Alcohol and Drug Surveyor*, 19, April, 7-11.
- Darwin, Charles. 1998 [1872]. *The Expression of Emotion in Man and Animals*. Third Edition. Oxford: Oxford University Press.
- Davidson, Arnold I. 1995. "Ethics as Ascetics: Foucault, the History of Ethics, and Ancient Thought" in Jan Goldstein (ed.) *Foucault and the Writing of History*. Cambridge: Blackwell, 63-80.
- Davies, Bronwyn and Rom Harre. 1991. "Positioning: The Discursive Production of Selves." *Journal for the Theory of Social Behaviour*, 20:1, 43-63.
- Davis, Allen F. 1967. *Spearheads for Reform: The Social Settlements and Progressive Movement, 1890-1914*.
- Davis, Angela Y. 2003. *Are Prisons Obsolete?* New York: Seven Stories Press.
- de Certeau. 1984. *The Practice of Everyday Life*. Translated by Steven Rendall. Berkeley: University of California Press.
- de Certeau, Michel. 1988 (1975). "The Writing of History." Translated by T. Conley. *European Perspectives*. New York: Columbia University Press.
- de Courville Nicol, Valerie. 1997. "Monstrous Overflowing: A Gothic Counter-Production of Modernity." *Space and Culture - the Journal*, 1, 67-82.
- de Lauretis, Teresa. 1984. *Alice Doesn't*. Bloomington: Indiana University Press.
- de Saussure, R. 1946. "The Influence of the Concept of Monomania." *Journal of Historical Medicine and Allied Sciences*, 1, 363-97.
- de Swaan, Abram. 1990. *The Management of Normality: Critical Essays in Health and Welfare*. London: Routledge.
- Dean, Mitchell. 1994a. "A Social Structure of Many Souls: Moral Regulation, Government and Self-Formation" in Mariana Valverde (ed.) *Studies in Moral Regulation*. Toronto: University of Toronto Press.
- Dean, Mitchell. 1994b. *Critical and Effective Histories: Foucault's Methods and Historical Sociology*. London: Routledge.
- Dean, Mitchell. 2003. "Prologue for a Genealogy of War and Peace: Genealogical Approaches" in G. Delanty (ed) *Handbook for Historical Sociology*. London: Sage, 180-190.
- Delanty, Gerard and Engin F. Isin. 2003. "Reorienting Historical Sociology" in G. Delanty (ed.) *Handbook of Historical Sociology*. London: Sage, 1-10.
- Deleuze, Gilles. 1988. *Spinoza: Practical Philosophy*. Translated by R. Hurley. San Francisco: City Light Books.
- Deleuze, Gilles. 1990. *Expressionism and Philosophy: Spinoza*. New York: Zone.

- Denzin, Norman K. and Yvonna S. Lincoln. (eds.) 2003a. "Introduction: The Discipline and Practice of Qualitative Methods." *The Landscape of Qualitative Research: Theories and Issues*. Thousand Oaks: Sage, vii-xi, 1-53.
- Denzin, Norman K. and Yvonna S. Lincoln. (eds.) 2003b. "The Seventh Moment: Out of the Past." *The Landscape of Qualitative Research: Theories and Issues*. Thousand Oaks: Sage, 611-40.
- Descartes, Rene. 1989 [1649]. *On the Passions of the Soul*. Translated by S. Voss. Indianapolis: Hackett.
- Diamond, Hugh. 1976 [1856]. "On the Application of Photography to Physiognomic and Mental Phenomena of Insanity." in S. Gilman (ed.) *The Face of Madness*. New York: Brunner, 17-24.
- Dickens, Charles. 1998 [n.d.]. "Sketches by Boz: Illustrations of Every-Day Life and Every-Day People" in Jenny Bourne-Taylor and Sally Shuttleworth (eds.) *Embodied Selves: An Anthology of Psychological Texts 1830-1890*. Oxford: Clarendon Press, 22-4.
- Digby, Anne. 1985. *Madness, Morality, and Medicine: A Study of the York Retreat 1796-1914*. Cambridge: Cambridge University Press.
- Dolittle, Mark. 1865. "Temperance: A Source of National Wealth" in C. Delevan (ed.) *Temperance Essays and Selections from Different Authors*. Albany.
- Dollimore, Jonathan. 1996. "Perversion, Degeneration, and the Death Drive" in A.H. Miller and J.E. Adams (eds.) *Sexualities in Victorian Britain*. Bloomington: Indiana University Press, 96-117.
- Donnelly, Michael. 1983. *Managing the Mind: Medical Psychology in Early 19th C. Britain*. London: Tavistock.
- Donzelot, Jacques. 1979. *The Policing of Families*. New York.
- Douglas, Emily Taft. 1970. *Margaret Sanger: Pioneer of the Future*. New York: Holt, Rinehart and Winstons.
- Douglas, J. 1970. *Understanding Everyday Life*. Chicago: Aldine.
- Douglas, Mary. 1977. "The Two Bodies." *Natural Symbols*. Harmondsworth: Penguin, 72-95.
- Doyle, Aaron. 2003. *Arresting Images: Crime and Policing in Front of the Television Camera*. Toronto: University of Toronto Press.
- Dowbiggin, Ian. 1992. "An Exodus of Enthusiasm: G. Alder Blumer, Eugenics, and US Psychiatry, 1890-1920." *Medical History*, 36, 379-402.
- Dreyfus, Hubert and Paul Rabinow (eds.). 1982. *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago: Chicago University Press.
- Duchenne, Guillaume-Benjamin. 1990 [1862]. *The Mechanism of Human Facial Expression*. Translated by R.A. Cuthbertson. Cambridge: Cambridge University Press.
- Duffin, Jacalyn. 1994. "Imaging Disease: The Illustration and Non-Illustration of Medical Texts, 1650-1850" in J. A. Castel and A.W. Riley (eds) *Muse and Reason: The Relation of Arts and Sciences 1650-1850*, 79-108.
- Dugdale, R. 1877. *The Jukes: A Study in Crime, Pauperism, Disease and Heredity*, Fourth Edition. Introduction by E. Harris. New York: J.P. Putnam.
- Durkheim, Emile. 1951 [1897]. *Suicide: A Study in Sociology*. New York: The Free Press.

- Durkheim, Emile. 1958 [1895]. *The Rules of Sociological Method*. Illinois: The Free Press.
- Easterbrook, W.T. and Hugh G.J. Aitken. 1988. *Canadian Economic History*. Toronto: University of Toronto Press.
- Edginton, Barry. 1994. "The Well-Ordered Body." *Canadian Bulletin of Medical History*, 11:2, 375-386.
- Eigen, Joel Peter. 1995. *Witnessing Insanity: Madness and Mad Doctors in the English Court*. New Haven: Yale University Press.
- Eisenstein, E. 1979. *Printing Press as an Agent of Change*. Cambridge: Harvard University Press.
- Elias, N. 1970. *What is Sociology?* London: Hutchinson.
- Elias, Norbert. 1978. *The Civilizing Process*. Translated by E. Jephcott. New York: Urizen Press.
- Ellard, J. 1988. "The History and Present Status of Moral Insanity." *Australian and New Zealand Journal of Psychiatry*, 22, 383-9.
- Elliott, Frank A. 1978. "Neurological Aspects of Antisocial Behaviour" in William H. Reid (ed.) *The Psychopath: A Comprehensive Study of Antisocial Disorders and Behaviours*. New York: Brunner/Mazel, 146-89.
- Ellis, John. 1872. *Family Homeopathy*. Tenth Edition. Detroit: E. R. Ellis.
- Elwell, J.J. 1883. "Guiteau - A Case of Alleged Moral Insanity." *Alienist and Neurologist*, 4:4, October, 621-45.
- Erikson, Kai T. 2005. *Wayward Puritans: A Study in the Sociology of Deviance*. Fifth Edition. Boston: Allyn and Bacon.
- Ernst, Waltraud. 1995. "Personality Disorders: Social Section" in German Berrios and Roy Porter (eds.) *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders*. New York: New York University Press, 645-55.
- Ewald, Paul. 1994. "On Darwin, Snow, and Deadly Diseases." *Natural History*, 103:6, 42-48.
- Falret, Jules. 1867a. "On Moral Insanity." *American Journal of Insanity*, 23, January, 407-24, 516-46.
- Falret, Jules. 1867b. "On Moral Insanity." *American Journal of Insanity*, 24, July, 52-64.
- Fee, Elizabeth. 1978. "Psychology, Sexuality, and Social Control in Victorian England." *Social Science Quarterly*, 58:4, March, 632-46.
- Fausto-Sterling, Anne. 1995. "Gender, Race and Nation" in Jennifer Terry and Jacqueline Urla (eds.) *Deviant Bodies*. Indiana: Indiana University Press, 19-42.
- Fausto-Sterling, Anne. 2000. *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York: Basic Books.
- Findlay, Deborah. 1995. "Discovering Sex: Medical Science, Feminism and Intersexuality." *Canadian Review of Sociology and Anthropology*, 32:1, 25-52.
- Finney, Charles. 1856. "Moral Insanity." *The Oberlin Evangelist*, 13:19, September 19, 145-6.
- Fiske, John. 1992 "Cultural Studies and the Culture of Everyday Life" in Lawrence Grossberg, Cary Nelson and Paula A. Treichler (eds.) *Cultural Studies*, 154-73.

- Flaherty, David. 1971. "Law Enforcement of Morals in Early America" In Donald Fleming and Bernard Bailyn, (eds.) *Perspectives in American History*, Volume Five. Cambridge: Harvard University Press, 203-53.
- Flores-Ortiz, Yvette. 2003. "Re/membering the Body: Latina Testimonies of Social and Family Violence" in Arturo J. Aldama (ed.) *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 347-59.
- Flynn, Thomas. 1993. "Foucault and the Eclipse of Vision." in D. M. Levin (ed.) *Modernity and the Hegemony of Vision*. Berkeley: University of California Press.
- Foucault, Michel. 1972. *The Archeology of Knowledge*. London: Tavistock.
- Foucault, Michel. 1973. *The Birth of the Clinic*. London: Tavistock.
- Foucault, Michel. 1975. *I, Pierre Riviere, Having Slaughtered My Mother, My Sister, and My Brother...A Case of Parricide in the 19th Century*. Lincoln: University of Nebraska Press.
- Foucault, Michel. 1978a. "Governmentality" in Graham Burchell et al (eds.) *The Foucault Effect: Studies in Governmentality*, 87-104.
- Foucault, Michel. 1978b. "About the Concept of the 'Dangerous Individual' in Nineteenth-Century Legal Psychiatry." *International Journal of Law and Psychiatry*, 1, 1-18.
- Foucault, Michel. 1979. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.
- Foucault, Michel. 1980a. "Two Lectures" in Colin Gordon (ed.) *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*. Brighton: Harvester, 78-108.
- Foucault, Michel. 1980b. "Prison Talk" in Colin Gordon (ed.) *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*. Brighton: Harvester, 37-54.
- Foucault, Michel. 1980. "The Eye of Power" in Colin Gordon (ed.) *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*. Harvester Press: Brighton Books, 146-165.
- Foucault, Michel. 1982. "On the Genealogy of Ethics" in Hubert Dreyfus and Paul Rabinow (eds) *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago: Chicago University Press, 229-52.
- Foucault, Michel. 1987. *Mental Illness and Psychology*. Translated by A. Sheridan. Berkeley: University of California Press.
- Foucault, Michel. 1988. *Madness and Civilization*. New York: Vintage Books.
- Foucault, Michel. 1990. *The History of Sexuality, Volume One*. New York: Pantheon.
- Foucault, Michel. 1995. "Madness, The Absence of Work." *Critical Inquiry*, 21, Winter, 290-8.
- Foucault, Michel. 1998a. "On the Writing of History" in P. Rabinow (ed.) *Essential Works of Foucault, 1954-1984. Volume Two, Edited by James D. Faubon: Aesthetics, Method and Epistemology*. New York: New York Press, 279-95.
- Foucault, Michel. 1998b. "Nietzsche, Genealogy, History" in P. Rabinow (ed.) *Essential Works of Foucault, 1954-1984. Volume Two, Edited by James D. Faubon: Aesthetics, Method and Epistemology*. New York: New York Press, 369-91.
- Fowler, O. S. 1869. *Phrenology: a Practical Guide to Your Head*. New York: Chelsea.
- Fox, Daniel M. and Christopher Lawrence. 1988. *Photographing Medicine: Images and*

- Power in Britain and America since 1840.* New York: Greenwood Press.
- Friend, J.M. 1869. *The Chester Family, or, The Curse of the Drunkard's Appetite.* Boston: W. White.
- Fyfe, Gordon and John Law. 1988. "Introduction" in Gordon Fyfe and John Law (eds) *Picturing Power: Visual Depiction and Social Relations.* Sociological Review Monograph. London: Routledge.
- Gairdner, W.T. 1863. "A Case of Moral Insanity or Dipsomania." *Journal of Mental Science*, 8, 590-3.
- Galen. 1963. *On the Passions and Errors of the Soul.* Introduction by W. Riese. Translated by Paul W. Harkins. Columbus: Ohio State University Press.
- Gall, Franz Joseph. 1998 [1822-5]. "On the Functions of the Brain" in Jenny Bourne Taylor and Sally Shuttleworth (eds.) *Embodied Selves: An Anthology of Psychological Texts 1830-1890.* Oxford: Clarendon Press, 25-9.
- Galton, Francis. 1873. "Hereditary Improvement." *Frasier's Magazine*, 7, 116-30.
- Galton, Francis. 1909. *Essays in Eugenics.* London: Eugenics Education Society.
- Gamwell, Lynn and Nancy Tomes. 1995. *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914.* New York: Cornell University Press.
- Gasquet, M.B. 1880. "Moral Insanity, Italian Retrospect." *Journal of Mental Science*, 26, January, 632-6.
- Gasquet, M.B. 1882. "On Moral Insanity." *Journal of Mental Science*, 121:28, April, 1-6.
- Gates, Barbara. 1982. "Kurtz's Moral Insanity." *Victorian Institute Journal*. 11, 52-9.
- Gaucher, Robert. 1982. *Class and State in Lower and Upper Canada, 1760 to 1873.* Unpublished Doctoral Dissertation. Department of Criminology and Socio-Legal Studies, University of Sheffield, United Kingdom.
- Geertz, Clifford. (1973). *The Interpretation of Cultures.* New York: Basic Books.
- Geller, J.L., J. Erlen and R.L. Pinkus. 1986. "A Historical Appraisal of America's Experience with 'Pyromania' - a Diagnosis in Search of a Disorder." *International Journal of Law and Psychiatry*, 9: 2, 201-29.
- Gernshein, Allison. 1961. "Medical Photography in the 19th Century." *Medical and Biological Illustration*, 11, 85-92.
- Gilman, Chandler. 1857. *A Medico-Legal Examination of the Case of Charles B. Huntington with Remarks on Moral Insanity and on the Legal Test of Insanity.* New York: Baker and Godwin.
- Gilman, Sander L. 1976. *The Face of Madness: Hugh W. Diamond and the Origins of Psychiatric Photography.* Secaucus: Brunner-Mazel.
- Gilman, Sander L. 1982. *Seeing the Insane.* New York: John Wiley & Sons.
- Gilman, Sander L. 1985a. *Degeneration: the Dark Side of Progress.* New York: Columbia University Press.
- Gilman, Sander L. 1985b. *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness.* Ithaca: Cornell University Press.
- Gilman, Sander. 1988. *Disease and Representation: Images of Illness From Madness to AIDS.* Ithaca: Cornell University Press.
- Gilman, Sander. 1993. "Touch, Sexuality, and Disease" in W.F Bynum and R. Porter (eds.)

- Medicine and the Five Senses.* Cambridge: Cambridge University Press, 198-24.
- Giroux, Henry A. 1992. "Resisting Difference: Cultural Studies and the Discourse of Critical Pedagogy" in Lawrence Grossberg, Cary Nelson and Paula A. Treichler (eds) *Cultural Studies*, 199-212.
- Goddard, H.H. 1912. *The Kallikak Family; a Study in the Heredity of Feeble-mindedness.* New York: Macmillan.
- Goffman, E. 1959. "The Moral Career of the Mental Patient." *Psychiatry*, 22, 123-142.
- Goffman, Erving. 1968. *Stigma: Notes on the Management of Spoiled Identity.* Harmondsworth: Penguin.
- Goffman, Erving. 1961. *Asylums.* New York: Anchor Books.
- Goldman, Emma. 2004 [1923]. "Louise Michel was a Complete Woman" in Nic Maclellan (ed.) *Louise Michel.* Melbourne: Ocean Press, 112-5.
- Goldsmith, W.B. 1883. "A Case of Moral Insanity." *American Journal of Insanity*, October, 162-77.
- Goldstein, Jan. 1984. "'Moral Contagion' A Professional Ideology of Medicine and Psychiatry in Eighteenth and Nineteenth-century France" in G.L Geison (ed.) *Professions and the French State, 1700-1900.* Philadelphia: University of Pennsylvania Press, 181-222.
- Goldstein, Jan. 1987. *Console and Classify: The French Psychiatric Profession in the Nineteenth-century.* Cambridge: Cambridge UP.
- Goode, Eric and Nachman Ben-Yehuda. 1994. *Moral Panics: The Social Constriction of Deviance.* Oxford: Blackwell Publishing.
- Gordon, Colin. 1986. "Question, Ethos, Event." *Economy and Society*, 15:1, 73-87.
- Gordon, Colin. 1996. "Foucault in Britain" in A. Barry, T. Osborne and N. Rose (eds.) *Foucault and Political Reason: Liberalism, Neo-Liberalism and Rationalities of Government.* Chicago: University of Chicago Press.
- Gorton, Eliot. 1895. "A Case of Moral Insanity." *American Journal of Insanity*, 52, October, 199-206.
- Gouster, M. 1878. "Moral Insanity." *Revue Des Sciences Medical*, 5, 181-2.
- Gray, John Perdue. 1854. "Moral Insanity." *American Journal of Insanity*, 14:4, April, 311-22.
- Gramsci, Antonio. 1971. *Selections from the Prison Notebooks.* Lawrence & Wishart.
- Greg, William Rathbone. 1857. "The Social Sores of Britain" in *North British Review*, 47, 487-532.
- Grof, Stanislav. 1985. *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy.* New York: SUNY Press.
- Groneman, Carol. 1995. "Nymphomania: The Historical Construction of Female Sexuality" in Jennifer Terry and Jacqueline Urla (eds) *Deviant Bodies.* Indiana: Indiana University Press, 219-49.
- Grosz, Elizabeth. 1994. *Volatile Bodies: Toward a Corporeal Feminism.* Bloomington: Indiana Press.
- Grosz, Elizabeth. 2003. "The Time of Violence" in Arturo J. Aldama (ed) *Violence and the Body: Race, Gender and the State.* Indiana: Indiana University Press, 134-47.

- Guernsey, Egbert. 1853. *Homoeopathic Domestic Practice: Containing Also Chapters on Anatomy, Physiology, Hygiene, and an Abridged Materia Medica*. New York: William Radde.
- Guerrero, M.A. Jaimes. 2003. "Global Genocide and Biocolonialism: On the Effects of the Human Genome Diversity Project on Targeted Indigenous Peoples/Ecocultures as 'Isolates of Historic Interest'" in Arturo J. Aldama (Ed.) *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 171-88.
- Gusfield, Joseph R. 1955. "Social Structure and Moral Reform: A Study of the Women's Christian Temperance Union." *American Journal of Sociology*, 61, November, 221-32.
- Gusfield, Joseph R. 1963. *Symbolic Crusade: Status Politics and the American Temperance Movement*. Urbana: University of Illinois Press.
- Gusfield, Joseph R. 1967. "Moral Passage: The Symbolic Process in Public Designations of Deviance." *Social Problems*, 15, Fall, 175-88.
- Gusfield, Joseph R. 1981. *The Culture of Public Problems: Drinking, Driving and the Symbolic Order*. Chicago: University of Chicago Press.
- Guthrie, Thomas. 1858. *The City, its Sins and Sorrows*. Glasgow.
- Hacking, Ian. 1986. "Making Up People" in T. Heller, M. Sosna and D. Wellbery (eds.) *Reconstructing Individualism*. Stanford: Stanford University Press, 222-36.
- Hacking, Ian. 1990. *The Taming of Chance*. Cambridge: Cambridge University Press.
- Hacking, Ian. 1994. "Two Souls in One Body" in J. Chandler et al (eds) *Questions of Evidence: Proof and Persuasion Across the Discipline*. Chicago: University of Chicago Press.
- Hacking, Ian. 1995. *Re-Writing the Soul*. Princeton: Princeton University Press.
- Hale, William. 1812. *Considerations of the Causes and Prevalence of Female Prostitution*. London.
- Hall, Anthony. 2003. *The American Empire and the 4th World*. Montreal: McGill-Queen's University Press.
- Hall, John R. 1999. *Cultures of Inquiry: From Epistemology to Discourse in Sociohistorical Research*. Cambridge: Cambridge University Press.
- Hall, John R. 2003. "Cultural History is Dead (Long Live the Hydra)" in G. Delanty (ed.) *Handbook for Historical Sociology*. London: Sage, 151-167.
- Hall, Stuart. 1974. "Black Men, White Media." *Journal of the Caribbean Artists Movement*, 9:10.
- Hall, Stuart, Chas Critcher, Tony Jefferson, John Clarke and Brian Roberts. 1978. *Policing the Crisis: Mugging, the State and Law and Order*. London: The MacMillan Press Ltd.
- Haller, Mark. 1963. *Eugenics: Hereditarian Attitudes in American Thought*. New Brunswick: Rutgers University Press.
- Hamilton, Sheryl N. 2002. "Considering Critical Communication Studies in Canada" in Paul Attallah and Leslie Regan Shade (eds.) *Mediascapes: New Patterns in Canadian Communication*. Scarborough: Thompson-Nelson, 4-26.
- Hammond J.L. and Barbara Hammond. 1932. *James Stanfield: A Victorian Champion of Sex*

- Equality*. London: Longmans, Green and Co.
- Hammond, W.A. 1868. "On the Influence of the Maternal Mind over the Offspring During Pregnancy and Lactation." *Quarterly Journal of Psychological Medicine*, 2, 1-28.
- Haraway, Donna. 1991. *Simians, Cyborgs, and Women*. London: Free Association Books.
- Hare, E. H. 1962. "Masturbatory Insanity: A History of an Idea." *Journal of Mental Science* 108, 1-25.
- Harms, Ernest. 1967. *Origins of Modern Psychiatry*. Illinois: Charles C. Thomas.
- Harris, Jonathan Gil. 1998. *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England*. Cambridge: Cambridge University Press.
- Harrison, George Lieb. 1877. *Chapters on Social Science as Connected with the Administration of State Charities*. Philadelphia: Allen, Lane and Scott.
- Havelock, Ellis. 1896. "Moral Insanity." *Journal of Mental Science*, 42, October, 852-3.
- Haven, Joseph. 1869. *Mental Philosophy; Including the Intellect, Sensibilities, and Will*. Boston: Gould and Lincoln.
- Hay, Walter. 1883. "Moral Insanity." *Journal of American Medical Association*, October 27, 482-6.
- Hayes, Stanley. 1864. "Clinical Cases Illustrative of Moral Imbecility and Insanity." *Journal of Mental Science*, 10, 533-49.
- Hewitt, Steve. 2000. "Spying 101: The RCMP's Activities at the University of Saskatchewan, 1920-71" in Gary Kinsman, Dieter K. Buse and Mercedes Steedman. (eds) *Whose National Security? Canadian State Surveillance and the Creation of Enemies*. Toronto: Between the Lines, 91-101.
- Hirschman, Albert O. 1977. *The Passions and the Interests: Political Arguments for Capitalism before its Triumph*. Princeton: Princeton University Press.
- Hobsbawm, Eric. 1962. *The Age of Revolution*. London: Weidenfeld and Nicolson.
- Hobsbawm, Eric. 2000. *Bandits*. New York: The New Press.
- Hodder, Ian. 1982. *Symbols in Action*. Cambridge: Cambridge University Press.
- Hodder, Ian. 1991. *Reading the Past*. Cambridge: Cambridge University Press.
- Hodder, Ian. 2002. "The Interpretation of Documents and Material Culture" in D. Weinberg (ed.) *Qualitative Research Methods*, 266-80.
- Hollander, Bernard. 1920. *In Search of the Soul and the Mechanism of Thought, Emotion, and Conduct*. London: Paul.
- Holmstead, George S. 1912. *The Sunday Law in Canada*. Toronto: Poole.
- Holmwood, John and Maureen O'Malley. 2003. "Evolutionary and Functionalist Historical Sociology" in G. Delanty (ed.) *Handbook for Historical Sociology*. London: Sage, 39-57.
- hooks, bell. 1989. *Talking Back*. Boston: South End Press.
- hooks, bell. 1992. *Black Looks: Race and Representation*. Boston: South End Press.
- Hopkins, C. H. 1940. *The Rise of the Social Gospel in American Protestantism, 1865-1915*. New York: New Haven.
- Hornblum, A. 1998. *Acres of Skin: Human Experiments at Holmesburg Prison*. New York: Routledge.
- Howard, Henry. 1878. *Mental and Moral Science: With Some Remarks upon Hysterical*

- Mania.* Montreal: Gazette.
- Howard, Henry. 1882. *A Rational, Materialistic Definition of Insanity and Imbecility: with the Medical Jurisprudence of Legal Criminality, Founded upon Physiological, Psychological and Clinical Observations.* Montreal: Dawson.
- Hoy, D.C. 1981. "Power, Repression, Progress: Foucault, Lukes and the Frankfurt School." *Triquarterly*, 52, 43-63.
- Hughes, Charles Hamilton. 1881a. "Moral Insanity." *Journal of Mental Science*, 27, October, 475-6.
- Hughes, Charles Hamilton. 1881b. "Moral Insanity, Depravity, and the Hypothetical Case." *The Alienist and Neurologist*, 2, 13-19.
- Hughes, Charles Hamilton. 1882. "Moral (Affective) Insanity: a Plea for its Retention in Medical Nomenclature." *Journal of Psychological Medicine and Pathology*, 8, 64-74.
- Hughes, Charles Hamilton. 1882b. "A Case of Moral Insanity." *The Alienist and Neurologist*, 3, 517-23.
- Hughes, Charles Hamilton. 1885. "A Case of Psycho-Sensory (Affective or Moral) Insanity."
- Hughes, Charles Hamilton. 1897. "Imperative Conceptions." *The Alienist and Neurologist*, 18, 43-7.
- Hunt, Alan. 1998. "The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth and Early Twentieth Century Britain." *Journal of the History of Sexuality*, 8:4, 575-615.
- Hunt, Alan. 1999. *Governing Morals: A Social History of Moral Regulation*. Cambridge: Cambridge University Press.
- Hunter, Richard and Ida Macalpine. 1963. *Three Hundred Years of Psychiatry, 1535-1860*. London: Oxford University Press.
- Ide, George B. 1841. "Moral Insanity of Irreligious Men." *American National Preacher*, 15:12, December, 269-281.
- Ingleby, D. 1985. "Professionals as Socializers: The 'Psy Complex.'" *Research in Law, Deviance and Social Control*, 7, 79-109.
- Italian Phrenetic Society. 1888. "Moral Insanity." *The Alienist and Neurologist*, trans. by Joseph Workman. July, 1-41.
- Jack, Donald. 1981. *Rogues, Rebels and Geniuses: The Story of Canadian Medicine*. Toronto: Double Day.
- Jacoby, Joe and Linda R. Barr. 2004. "Conducting Online Research" in *Research Navigator Guide: Sociology*. Boston: Pearson Books, 9-28.
- Jelly, George. 1881. "Moral Insanity." *Boston Medical and Surgical Journal*, 105:24, 560-5.
- Johnson, Herbert and N. Wolfe (1996) "Criminal Justice and the English Constitution" in *History of Criminal Justice*. Cincinnati: Anderson.
- Johnson, Paul E. 1978. *A Shopkeeper's Millennium: Society and Revival in Rochester, New York 1815-1837*. New York.
- Johnstone, Christine LM. 2000. *The Father of Canadian Psychiatry: Joseph Workman*. Victoria: Ogden Press.
- Jones, K.B. 1988. "On Authority: Or, Why Women Are Not Entitled to Speak" in I.

- Diamond and L. Quinby (eds.) *Feminism and Foucault: Reflections on Resistance*. Boston: Northeastern University Press.
- Jordan, Furneaux. 1886. *Character Seen in Body and Parentage*. London: Kegan Paul, Trench, Trubner and Co.
- Jordanova, Ludmilla. 1989. *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries*. New York: Harvester Wheatsheaf.
- Jordanova, Ludmilla. 1993. "The Art and Science of Seeing in Medicine: Physiognomy 1780-1820" in W.F Bynum and R. Porter (eds.) *Medicine and the Five Senses*. Cambridge: Cambridge University Press, 122-33.
- Kahn, Eugene. 1931. *Psychopathic Personalities*. New Haven: Yale University Press.
- Kashmeri, Zuhair. 2000. "When CSIS Calls: Canadians, Arabs, and the Gulf War" in Gary Kinsman, Dieter K. Buse and Mercedes Steedman. (eds) *Whose National Security? Canadian State Surveillance and the Creation of Enemies*. Toronto: Between the Lines, 256-63.
- Kealey, Gregory. 1980. *Toronto Workers' Response to Industrial Capitalism, 1867-1892*. Toronto: University of Toronto Press.
- Kealey, Gregory S. 2000. "Spymasters, Spies, and Their Subjects: The RCMP and Canadian State Repression, 1914-39" in Gary Kinsman, Dieter K. Buse and Mercedes Steedman. (eds) *Whose National Security? Canadian State Surveillance and the Creation of Enemies*. Toronto: Between the Lines, 18-33.
- Kealey, Gregory and Reg Whitaker. 1996. "The RCMP and the Enemy Within." *Literary Review of Canada*, 5:10, 22.
- Keiler, William. 1894. "The Craze for Photography in Medical Illustration." *New York Medical Journal*, 59, 788-89.
- Keller, Evelyn Fox. 1985. *Reflections on Gender and Science*. New Haven: Yale University Press.
- Kellner, Florence June. 2005. "Smoking and Self: Tobacco Use and Effects on Young Women's Constructions of Self and Others" in Dorothy Pawluk, William Shaffir and Charlene Miall (eds.) *Studying Social Life: Substance and Method*. Toronto: Canadian Scholar's Press (forthcoming).
- Kendall, Gavin and Gary Wickham. 1999. *Using Foucault's Methods*. London: Sage.
- Kerlin, LN. 1858. *The Mind Unveiled; or, A Brief History of 22 Imbecile Children*. Philadelphia: U. Hunt and Sons.
- Kerlin, LN. 1887. "Moral Imbecility." *Journal of Nervous and Mental Disease*, 14, 395-404.
- Kiernan, J. 1884. "Moral Insanity - What is it?" *The Journal of Nervous and Mental Disease*, 11:4, 549-75.
- Kiernan, J. 1886. "Clinical Cases: A Moral Imbecile." *Journal of Nervous and Mental Diseases*, 13, 168-9.
- Kinahan, Anne-Marie. 2002. "A Not-So-British Invasion: Cultural Studies in Canada" in Paul Attallah and Leslie Regan Shade (eds.) *Mediascapes: New Patterns in Canadian Communication*. Scarborough: Thompson-Nelson, 27-45.
- Kinsman, Gary, Buse, Dieter K. and Mercedes Steedman. 2000. "Introduction" in Gary Kinsman, Dieter K. Buse and Mercedes Steedman. (eds) *Whose National Security?*

- Canadian State Surveillance and the Creation of Enemies.* Toronto: Between the Lines, 1-10.
- Kirk, Stuart A. and Herb Kutchins. 1992. *The Selling of DSM: The Rhetoric of Science in Psychiatry.* New York: Aldine de Gruyter.
- Kitching, John. 1857a. "Lecture on Moral Insanity." *British Medical Journal*, April 25, 334-6.
- Kitching, John. 1857b. "Lecture on Moral Insanity." *British Medical Journal*, May 9, 389-91.
- Kitching, John. 1857c. "Lecture on Moral Insanity." *British Medical Journal*, May 30, 453-6.
- Kitching, John. 1857d. *The Principles of Moral Insanity, Familiarly Explained in a Lecture.* York: Simpson.
- Kittler, Friedrich A. 1999. *Gramophone, Film, Typewriter (Writing Science).* Stanford: Stanford University Press.
- Knox, R. 1852. *The Races of Man.* London.
- Knox, R. 1857. *The Greatest of our Social Evils: Prostitution.* London.
- Koch, S. and D.E. Leary. 1985. *A Century of Psychology as Science.* New York: McGraw-Hill.
- Kraepelin, E. 1976 [1896]. *Psychiatrie: Ein Lehrbuch für Studirende und Ärzte.* New York: Arnold Press.
- Krafft-Ebing, R. von. 1992 [1879]. 'Moral Insanity.' *The Textbook of Insanity Based upon Clinical Observations.* New York: Gryphon, 79-117.
- Kutchins, Herb and Stuart A. Kirk. 1997. *Making Us Crazy; DSM: The Psychiatric Bible and the Creation of Mental Disorders.* New York: The Free Press.
- Lacquer, T. 1990. *Making Sex: Body and Gender from the Greeks to Freud.* Harvard: Harvard University Press.
- Landor, H. 1857. "Cases of Moral Insanity." *British Medical Journal*, 26, June, 27.
- Latour, Bruno. 1988. "Visualisation and Social Reproduction: Opening One Eye While Closing the Other... a Note on Some Religious Paintings" in *Picturing Power: Visual Depiction and Social Relations*, Gordon Fyfe and John Law. New York: Routledge, 15-38.
- Latour, Bruno. 2002. "Body, Cyborgs and the Politics of Incarnation" in Sean T. Sweeney and Ian Holder (eds.) *The Body.* Cambridge: Cambridge University Press, 127-141.
- Laveter, J.C. 1789. *Essays on Physiognomy.* 3 Volumes. London. Longwood.
- Law, John. 1999. "Materialities, Spatialities, Globalities," published by the Centre for Science Studies, Lancaster University.
http://www.comp.lancs.ac.uk/sociology/papers/Law-Hetherington_Materialities-Spatialities-Globalities.pdf. Accessed January 18, 2004.
- Law, John and John Whittaker. 1988. "The Art of Representation: Notes on the Politics of Visualization" in Gordon Fyfe and John Law (eds) *Picturing Power: Visual Depiction and Social Relations.* Sociological Review Monograph. London: Routledge, 160-83.
- Law, John and Michael Lynch. 1990. "Lists, Field Guides, and the Descriptive Organization

- of Seeing: Birdwatching as an Exemplary Observational Activity" in Michael Lynch and Steve Woolgar (eds) *Representation in Scientific Practice*. Cambridge: MIT Press, 267-99.
- Laycock, Thomas. 1840. *A Treatise on the Nervous Diseases of Women: Comprising an Inquiry into the Nature, Causes, and Treatment of Spinal and Hysterical Disorders*. London: Longman, Orme, Brown, Green and Longmans.
- Le Corbusier, 1929. *The City of Tomorrow and its Planning*. London: Blackwell.
- Leaff, Louis A. 1978. "The Antisocial Personality: Psychodynamic Implications" in William H. Reid (ed.) *The Psychopath: A Comprehensive Study of Antisocial Disorders and Behaviors*. New York: Brunner/Mazel, 79-117.
- Lee, John R. 1916. "The So-Called Profit Sharing System in the Ford Plant" in *Annals of the American Academy of Political and Social Science*, May, 307.
- Lees, Frederic Richard. 1869. *Textbook of Temperance*. Rockland: Z.P. Vose and Co.
- Ledger, Sally. 1995. "In Darkest England: The Terror of Degeneration in Fin-de-Siecle Britain" *Literature and History*, 4:2, 71-86.
- Lenoir, Timothy. 1997. *Instituting Science: the Cultural Production of Scientific Discipline*. Stanford: Stanford University Press.
- Lenoir, Timothy. 1998. "Inscription Practices and Materialities of Communication" in *Inscribing Science: Scientific Texts and the Materiality of Communication*. Stanford: Stanford University Press, 1-19.
- Leslie, Anita. 1966. *Mr. Frewen of England: A Victorian Adventurer*. London: Hutchinson.
- Levinson, Edward. 1969. *I Break Strikes! The Technique of Pearl L. Bergoff*. New York: Arno.
- Lewin, Bertram D. 1930. "Conscience and Consciousness in Medical Psychology: A Historical Study." *Psychoanalytic Review*, 17, 20-5.
- Lewis, Aubrey. 1974. "Psychopathic Personality: A Most Elusive Category." *Psychological Medicine*, 4, 133-40.
- Lincoln, Yvonna. 2000. "Narrative Authority vs. Perjured Testimony: Courage, Vulnerability and Truth." *Qualitative Studies in Education*, 13:2, 131-138.
- Lingis, Alphonso. 1984. *Excesses: Eros and Culture*. New York: State University of New York.
- Lipton, Charles. 1966. *The Trade Union Movement of Canada, 1827-1959*. Montreal: Canadian Social Publications Ltd.
- Livesy, Joseph (ed). 1831. *The Moral Reformer and Protestor Against the Vices, Abuses and Corruptions of the Age*. Two Volumes. (1831-1833, 1838-1839), London: Preston.
- Logan, Peter Melville. 1997. *Nerves and Narratives: A Cultural History of Hysteria in 19th-Century British Prose*. Berkeley: University of California Press.
- Longino, Helen E. 1990. *Science as Social Knowledge: Values and Objectivity in Scientific Inquiry*. Princeton: Princeton University Press.
- Lloyd, James Hendrie. 1887. "Moral Insanity: A Plea for a More Exact Cerebral Pathology." *Journal of Nervous and Mental Diseases*, 13, 669-86.
- Lukes, S. 1972. *Emile Durkheim: His Life and His Works*. New York: Harper and Row.
- Lupton, Deborah. 1994. *Medicine as Culture: Illness, Disease and the Body in Western*

- Societies*. Thousand Oaks: Sage Publications.
- Lydston, G. Frank and E. S. Talbot. 1891. "Studies of Criminals." *Journal of the American Medical Association*, 17, 903-23.
- Lynch, Michael. 1985. "Discipline and the Material Form of Images: An Analysis of Scientific Visibility." *Social Studies of Science*, 15, 37-66.
- Lynch, Michael and David Bogen. 1997. "Sociology's Asociological 'Core': an Examination of Textbook Sociology in Light of the Sociology of Scientific Knowledge." *American Sociological Review*, 62:3, 4811-93.
- Lynch, Michael and Steve Woolgar. 1988. "Introduction: Sociological Orientations to Representational Practice in Science" in Michael Lynch and Steve Woolgar (eds.) *Representation in Scientific Practice*. Cambridge: MIT Press.
- M'Farlan, T. Fletcher. 1872. *Moral Insanity and Transient Mania, Including Their Medico-legal Relations*. Jacksonville: Daily Journal.
- MacCaul, G. 1827. *The Philosophy of Mind and Matter; or Some of the Most Important Branches of Moral Science Fully Treated in 12 Dialogues, on the Following Subjects: viz. the Materiality of the Soul, in Four Parts*. London: Sherwood.
- MacDonald, Robert H. 1967. "The Frightful Consequences of Onanism: Notes on the History of a Delusion." *Journal of the History of Ideas*, 28, 423-31.
- MacKenzie, William Lyon. 1974 [1837]. *1837: Revolution in the Canadas*. Edited by Greg Kielty. Toronto: NC Press.
- Maclellan, Nic. 2004. "Introduction" in *Louise Michel: Rebel Lives*. Melbourne: Ocean Press.
- MacPhail, H.D. 1911. "A Case of Moral Insanity with Pyromania." *Journal of Mental Science*, 57, 124.
- Magnan, M.V. 1884. "Clinical Lectures on Dipsomania." *Alienist and Neurologist*, 5:4, October, 691-7.
- Magnus, Bernd and Kathleen M. Higgins. 1996. "Nietzsche's Work and Their Themes" in Bernd Magnus and Kathleen M. Higgins (eds) *The Cambridge Companion to Nietzsche*. Cambridge: Cambridge University Press, 21-68.
- Maines, Rachel. 1999. *The Technology of Orgasm: 'Hysteria,' the Vibrator, and Women's Sexual Satisfaction*. Baltimore: Johns Hopkins Press.
- Mani, Lata. 1992. "Cultural Theory, Colonial Texts: Reading Eye Witness Accounts of Widow Burning" in Lawrence Grossberg, Cary Nelson and Paula A. Treichler (eds) *Cultural Studies*, 392-408.
- Manley, John. 1883. "Commentary on Some Cases of Moral Insanity." *Journal of Mental Science*, 28, January, 531-2.
- Manning, John. 1882. "Moral Insanity, Case of Homicidal Mania." *Journal of Mental Science*, 28, 369-72.
- Mansfield, Edward. 1877. *American Education, its Principles and Elements*. New York: A.S. Barnes and Co..
- Mannheim, Karl. 1936. *Ideology and Utopia: An Introduction to the Sociology of Knowledge*. New York: Harcourt, Brace, and World, Inc..
- Markus, Thomas A. 1987. "Buildings as Classifying Devices." *Environment and Planning*

- B: Planning and Design*, 14, 467-484.
- Markus, Thomas A. 1993. *Buildings and Power: Freedom and Control in the Origin of Modern Building Types*. London: Routledge.
- Martin, Emily. 1992. "Body Narratives, Body Boundaries" in Lawrence Grossberg, Cary Nelson and Paula A. Treichler (eds) *Cultural Studies*, 409-23.
- Mason, A. Wallace. 1888. *Signs of Character, Or, How to Read Character at Sight: Instructions in Character-Reading*. Toronto: A.W. Mason.
- Maudsley, Henry. 1867. *The Physiology and Pathology of Mind*. London: MacMillan.
- Maudsley, Henry. 1868. "Illustrations of a Variety of Insanity." *Journal of Mental Science*, 14, 149-62.
- Maudsley, Henry. 1873. *Body and Will*. New York: Appleton.
- Maudsley, Henry. 1874. *Responsibility in Mental Disease*. London: King.
- Maudsley, Henry. 1886. *The Pathology of Mind*. Third Edition. London: MacMillan.
- Maudsley, Henry. 1898. *Responsibility in Mental Disease*. D. Appleton and Company.
- Mauchs, Sidney. 1941. "A Concept of Psychopathy and Psychopathic Personality: Its Evolution and Historical Development." *Journal of Criminal Psychopathology*, 3, 329-56, 465-99.
- Maurutto, Paula. 2000. "Private Policing and the Surveillance of Catholics: Anti-Communism in the Roman Archdiocese of Toronto, 1920-1960" in Gary Kinsman, Dieter K. Buse and Mercedes Steedman. (eds) *Whose National Security? Canadian State Surveillance and the Creation of Enemies*. Toronto: Between the Lines, 36-54.
- Mauss, Marcel. 1972. "Techniques of the Body." *Economy and Society*, 2, 70-87.
- Maynard, Patrick. 1997. *The Engine of Visualization: Thinking Through Photography*. Ithaca: Cornell University Press.
- Mayo, Thomas. 1853. *Medical Testimony and Evidence in Cases of Lunacy: Being the Croonian Lectures Delivered before the Royal College of Physicians*. West Strand: John W. Parker and Son.
- McCassey, J. H. 1896, "Adolescent Insanity and Masturbation with Excision of Certain Nerves Supplying the Sexual Organs as the Remedy." *Cincinnati Lancet Clinic*, 37, 341-3.
- McClintock, Anne. 1995. *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest*. New York: Routledge.
- McCloskey, Donald. 1999. "Bourgeois Virtue." *American Scholar*, Spring, 63:2, 177-191.
- McCook, John J. 1893. "Tramps." *The Charities Review*, 3, 57-69.
- McCord, William and Joan McCord. 1964. *The Psychopath: Essays on the Criminal Mind*. Princeton: D. Van Nostrand.
- McCulloch, Oscar Carleton. 1891. *The Tribe of Ishmael: A Study in Social Degradation*. Reprinted from Proceedings of the Fifteenth National Conference of Charities and Correction, Buffalo, July 1888. Indianapolis: Charity Organization Society, Plymouth Church.
- McGovern, Constance M. 1985. *Masters of Madness: Social Origins of the American*

- Psychiatric Profession.* Hanover: New Hampshire University Press.
- McLellan, David. 1973. *Karl Marx: His Life and Thought.* London: MacMillan Press.
- McRobbie, Angela. 1993. "Feminism, Postmodernism and the Real Me." *Theory, Culture, Society*, 10, 127-42.
- Meen, Patricia. 1980. "Holy Day or Holiday? The Giddy Trolley and the Canadian Sunday." *Urban History Review*, February, 49-63.
- Merleau-Ponty, Maurice. 1962. *Phenomenology of Perception.* London: Routledge and Kegan Paul.
- Miles, Rosalind. 1988. *A Women's History of the World.* New York: Micheal Joseph.
- Mills, C. W. 1959. *The Sociological Imagination.*
- Mill, James. 1992. "An Essay on Government" in Terence Ball (ed.) *Political Writings.* Cambridge: Cambridge University Press.
- Mill, John Stuart. 1947. *Utilitarianism, Liberty, and Representative Government.* London: J.M. Dent & Sons Ltd.
- Millar, John. 1863. "On a Case of Moral Insanity in a Child." *The Lancet*, 1, 467-9.
- Miller, D. 1982. "Artefacts as Products of Human Categorization" in Ian Hodder (ed.) *Symbolic and Structural Archaeology.* Cambridge: Cambridge University Press, 89-98.
- Miller, Kirby. 1985. *Emigrants and Exiles: Ireland and the Exodus to North America.* New York: Oxford University Press.
- Miller, Kirby. 1993. "Paddy's Paradox: Emigration to America in Irish Imagination and Rhetoric" in Dirk Hoerder and Horst Rossler (eds) *Distant Magnets: Expectations and Realities in the Immigrant Experience, 1840-1930.* New York: Holmes and Meier.
- Miller, P. 1986. "Critiques of psychiatry and critical sociologies of madness" in P. Miller and N. Rose (eds) *The Power of Psychiatry.* Cambridge: Polity Press.
- Miller, Peter and Nikolas Rose. 1994. "On Therapeutic Authority: Psychoanalytic Expertise under Advanced Liberalism." *History of the Human Sciences*, 7:3, 29-64.
- Milligen, J.G. 1847. *Mind and Matter; Illustrated by Considerations on Hereditary Insanity.* London: H. Hurst.
- Mitchell, Robert and Phillip Thurtle. (eds) 2004. *Data Made Flesh: Embodiment Information.* New York: Routledge.
- Mitgang, Herbert. 1988. *Dangerous Dossiers: Exposing the Secret War Against America's Greatest Authors.* New York: Donald I. Fine.
- Moloney, Ed. 2002. *A Secret History of the IRA.* London Penguin.
- Moodie, John. 1858. *A Medical Treatise.* Edinburgh. Publisher Unknown.
- Moore, George. 1862. *Man and His Motives, By George Moore.* New York: Harper and Brothers.
- Moreau, (de Tours), P. 1884 "On the Aberrations of the Genesic Sense." *The Alienist and Neurologist*, translated by J. Workman, July, 5:3, 365-85.
- Moreton-Robinson, Aileen. 2004. "The Possessive Logic of Patriarchal White Sovereignty." *Borderlands: E-Journal*, 3:2. December 8, 2004. http://www.borderlandsejournal.adelaide.edu.au/vol3no2_2004/moreton_posessive.html.

htm

- Moreau (de Tours), J.J. 1859. *La Psychologie Morbide*. Paris: V. Masson.
- Morel, B.A. 1857. *Traits des Degenerescence Physiques, Intellectuelles st Morales de l'Espece Humaine*. Paris:J.B. Bailliere.
- Mouffe, Chantal. 1995. "Post-Marxism: Democracy and Identity." *Environment and Planning D: Society and Space*, 13, 259-65.
- Morison, Alexander. 1843. *Physiognomy of Mental Diseases*. London: Longman.
- Muller-Hill, Benno. 1988. *Murderous Science: Elimination by Scientific Selection of Jews, Gypsies, and Others, Germany, 1933-45*. New York: Oxford University Press.
- Munsell, Oliver Spencer. 1871. *Psychology, or the Science of the Mind*. New York: D. Appleton.
- Neaman, Judith. 1975. *Suggestion of the Devil: The Origin of Madness*. New York: Anchor Books.
- Nelson, E.M. 1882. "Idiocy and Imbecility, Insanity in an Infant, Moral Insanity." *The Alienist and Neurologist*, 3, 434-9.
- Neti, Leila. 2003. "Blood and Dirt: Politics of Women's Protest in Armagh Prison, Northern Ireland" in Arturo J. Aldama (ed) *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 77-93.
- Newcombe, H. n.d. a. *How To Be A Lady: A Book For Girls, Containing Useful Hints On The Formation Of Character*. In Wayland (1852). No date, place or publisher.
- Newcombe, H. n.d. b. *How To Be A Man: A Book For Boys, Containing Useful Hints On The Formation Of Character*. In Wayland (1852). No date, place or publisher.
- Newman, R. P. 1975. "Masturbation, Madness, and the Modern Concepts of Childhood and Adolescence." *Journal of Social History*, 8:12, 1-27.
- Newth, A. M. 1967. *Britain and the World, 1789-1901*. Harmondsworth: Penguin Books.
- Nietzsche, Friederich. 1989 *On the Genealogy of Morals*. translated by Walter Kaufmann and R.J. Hollingdale. New York: Vintage Books.
- Noble, Daniel. 1855. *Elements of Psychological Medicine*. 2d ed. London: Churchill.
- Nordau, Max. 1898. *Degeneration*. London: William Heineman.
- Northrop, Henry D. 1896. *Character Building, or Principles, Precepts and Practices Which Makes Life a Success*. Montreal: Grafton.
- Nye, Robert. 1984. *Crime, Madness, and Politics in Modern France: The Medical Concept of National Decline*. Princeton: Princeton University Press.
- Nye, Robert. 1985. "Sociology: The Irony of Progress" in Sander L. Gilman (ed.) *Degeneration: the Dark Side of Progress*. New York: Columbia U. P.
- Ogborn, M. 1993. "Law and Discipline in Nineteenth-Century English State Formation: The Contagious Diseases Acts of 1864, 1866 and 1869." *Journal of Historical Sociology*, 6:1, 28-55.
- Ollerenshaw, Robert. 1856. "On Photography Applied to the Phenomena of Insanity." *Journal of the Photographic Society London*, 44, 88-9.
- Oppenheim, Janet. 1991. *Shattered Nerves: Doctors, Patients and Depression in Victorian England*. New York: Oxford University Press.
- Orcutt, James. 1991. "Beyond the 'Exotic and the Pathologic': Alcohol Problems, Norm

- Qualities, and Sociological Theories of Deviance" in Paul M. Roman (ed.) *Alcohol: The Development of Sociological Approaches on Use and Abuse*. New Brunswick: Rutgers Center of Alcohol Studies.
- Orcutt, James. 2005. "Deviance as a Situated Phenomenon: Variations in Social Interpretation of Marijuana and Alcohol Use" in Henry Pontell (ed.) *Social Deviance: Readings in Theory and Research*. Fifth Edition. Upper Saddle River: Prentice-Hall, 247-56.
- Orel, Vitezslav. 1996. *Gregor Mendel: The First Geneticist*. Oxford: Oxford University Press.
- Ordrouraux, John. 1873. "Moral Insanity." *American Journal of Insanity*, 29, 313-40.
- Pagan, J.M. 1840. *The Medical Jurisprudence of Insanity*. London: Ball and Arnold.
- Paine, Martyn. 1849. *A Discourse on the Soul and Instinct Physiologically Distinguished from Materialism, Introductory to the Course of Lectures on the Institutes of Medicine and Materia Medica*. NY: J. H. Jennings & Co.
- Parigot, J. 1862. *Moral Insanity in Relation to Criminal Acts*. New York: Hall, Clayton & Medole.
- Parker, Graham. 1983 "The Legal Regulation of Sexual Activity and the Protection of Females." *Osgoode Law Journal*, 21, 178-244.
- Parry Jones, William L. 1972. *The Trade of Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries*. London: Routledge.
- Patton, Cindy. 1985. *Sex and Germs: The Politics of AIDS*. Boston: South End Press.
- Peabody, Andrew. 1873. *A Manual of Moral Philosophy*. New York: A.S. Barnes.
- Peek, Francis. 1875. *Our Laws and Our Poor*. London: John B. Day.
- Peltier, Leonard. United States Prisoner #89637-132. 2000. *Prison Writings: My Life is My Sun Dance*. Edited by Harvey Arden. New York: St. Martin's Griffin.
- Perez, Emma. 1999. *The Decolonial Imaginary*. Bloomington, University of Indiana Press.
- Perfect, William. 1809. *Annals of Insanity, Comprising a Selection of Curious and Interesting Cases in the Different Species of Lunacy, Melancholy, or Madness in the Modes of Practice in the Medical and Moral Treatment, As Adopted in the Cure of Each*. London: The Author.
- Pfohl, Stephen J. 1985. *Images of Deviance and Social Control: A Sociological History*. New York: McGraw-Hill.
- Phelps, Austin. 1867. *The New Birth: Or, the Work of the Holy Spirit*. New York, Sheldon & Co.
- Philips, David. 1989. "Good Men to Associate and Bad Men to Conspire: Associations for the Prosecution of Felons in England, 1760-1860" in Douglas Hay and Francis Snyder (eds) *Policing and Prosecution in Britain 1750-1850*. Oxford: Oxford University Press, 133-70.
- Peikoff, Tannis and Stephen Brickey. 1991. "Creating Precious Children and Glorified Mothers: A Theoretical Assessment of the Transformation of Childhood" in Elizabeth Comack and Stephen Brickey (eds.) *The Social Basis of Law: Critical Readings in the Sociology of Law*. Halifax: Garamond Press, 71-94.
- Pickering, Andrew. 1992. *Science as Practice and Culture*. Chicago: University of Chicago

- Press.
- Poovey, Mary. 1998. *A History of the Modern Fact*. Chicago: Chicago University Press.
- Porter, C. Fayne. 1964. *The Battle of the 1,000 Slain and Other Stories from our Indian Heritage*. New York: Scholastic Books.
- Porter, Marilyn. 1995. "Call Yourself a Sociologist - and You've Never Been Arrested?!" *Canadian Review of Sociology and Anthropology*, 32:4, 415-37.
- Porter, Noah. 1868. *Human Intellect*. Second Edition. New York: Scribner.
- Porter, Roy. 1999. *The Time Chart History of Medicine*. Edited by John Cule. Hertfordshire: Worth Press.
- Porter, Roy. 2002. *Madness: A Brief History*. Oxford: Oxford University Press.
- Poulsen, Richard. 1996. *The Body as Text*. New York: Peter Lang.
- Prichard, James Cowles. 1833. "Insanity" in J. Forbes, A. Tweedie and J. Connolly (eds.) *The Cyclopaedia of Practical Medicine*, Volume 2. London: Sherwood.
- Prichard, James Cowles. 1835. *A Treatise on Insanity and other Disorders Affecting the Mind*. London: Merchant.
- Prichard, James Cowles. 1842. *On the Different Forms of Insanity in Relation to Jurisprudence*. London: Hippolyte Balliere.
- Prichard, James Cowles. 1844. "Observations on the Connexions of Insanity with Diseases in the Organs of Physical Life." *Provincial Medical and Surgical Journal*, 7, 323-4.
- Prior, Lindsay. 2003. *Using Documents in Social Research*. London: Sage.
- Prior, Lindsay. 2004. "Doing Things with Documents" in David Silverman (ed) *Qualitative Research: Theory, Method, Practice*. London: Sage, 76-94..
- Probyn, Fiona. 2004. "Playing Chicken at the Intersection: the White Critic of Whiteness." *Borderlands: E-Journal*, 3:2. December 8, 2004. http://www.borderlandsejournal.adelaide.edu.au/vol3no2_2004/probyn_playing.htm
- Procacci, Giovanna. 1995. "Governing Poverty: Sources of the Social Question in Nineteenth-Century France" in Jan Goldstein (ed.) *Foucault and the Writing of History*. Cambridge: Blackwell, 206-19.
- Quen, Jacques. 1964. "Isaac Ray and his 'Remarks on Pathological Anatomy.'" *Bulletin of the History of Medicine*, xxxviii, 113-26.
- Quinney, Richard. 2001. "Introduction" in Randall G. Sheldon's *Controlling the Dangerous Classes: A Critical Introduction to the History of Criminal Justice*. Boston: Allyn and Bacon.
- Raissiguier, Catherine. 2003. "Bodily Metaphors, Material Exclusions: The Sexual and Racial Politics of Domestic Partnership in France" in Arturo J. Aldama (Ed.) *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 94-112.
- Rank, Otto. 1988 [1930]. *Psychology and the Soul: A Study of the Origin, Conceptual Evolution and Nature of the Soul*. trans. and intro. by Gregory Richter and E. James Lieberman. Baltimore: John Hopkins University Press.
- Ray, Isaac. 1844. *A Treatise on the Medical Jurisprudence of Insanity*. Second Edition. Boston: W. D. Ticknor.
- Ray, Isaac. 1863. "Mental Hygiene." *Journal of Insanity*, January, 338-48.

- Ray Isaac. 1973 [1873]. "Moral Insanity" in *Contributions in Mental Pathology*. Intro. J.M. Quen. New York: Scholar's Facsimile & Reprints.
- Rauch, Friederich August. 1853. *Psychology, or, A View of the Human Soul; Including Anthropology, Adapted for Use of Colleges*. New York: M.W. Dodd.
- Redfield, James. 1853. *Comparative Physiognomy, or Resemblances Between Men and Animals*. New York: Redfield.
- Reed, Boardman. 1889. "Why Physicians Should Cultivate Photography." *Medical Record*, 36, 514-15.
- Regina v. Clark. 2005. 2 SCC, SCR 29976.
- Ribot, T. 1906 [1891]. *The Diseases of Personality*. Fourth Edition. Chicago: The Open Court Publishing Company.
- Ribot, T. 1894. *The Diseases of the Will*. Chicago: The Open Court Publishing Company.
- Richards, David. 1977. *Health Care and Popular Medicine in Nineteenth Century England*. London.
- Richardson, A.B. 1890. "Perversions of the Moral Sense of Insanity." *American Journal of Insanity*, 46, 363-9.
- Richardson, M.H. 1881. "Proceedings of the Boston Society for Medical Observation." *Boston Medical and Surgical Journal*, 105:24, 571-2.
- Riese, Walter. 1951. "An Outline of the History of Ideas in Psycho-Therapy." *Bulletin of Historical Medicine*, 25, 442-56.
- Riggs, Damien W. 2004. "Why Whiteness Studies?" *Borderlands: E-Journal*, 3:2. December 9, 2004.
[<http://www.borderlandsejournal.adelaide.edu.au/vol3no2_2004/riggs_intro.htm>](http://www.borderlandsejournal.adelaide.edu.au/vol3no2_2004/riggs_intro.htm)
- Rimke, Heidi. 1995. *Social Forces of Destruction: The Westray Coalmine Explosion as Neo-Marxist Sociological Case Study*. Unpublished Honour's Thesis. Department of Sociology and Anthropology. Carleton University, Ottawa, Canada.
- Rimke, Heidi. 1997. *(Re)Constructing the Ethical Self: Self-Help Literature as a Contemporary Project of Moral Regulation*. Unpublished Master's Thesis. Department of Sociology and Anthropology. Carleton University.
- Rimke, Heidi. 2000a. "Comment on Mifflin's 'Bodies of Subversion.'" *Space and Culture - the Journal, Anti-Methods: Expressive Forms of Researching Culture*, 6, 137-9.
- Rimke, Heidi. 2000b. "Governing Citizens Through Self-Help Literature." *Cultural Studies*, 14:1, 61-78.
- Rimke, Heidi. 2001. "Postcard: A Social Space of Political Resistance: Anti-FTAA Freedom Fighters on the Streets of Quebec City, April 2001." *Space and Culture - Archival Spaces*, 10, 91-3.
- Rimke, Heidi. 2003. "Constituting Transgressive Interiorities: C19th Psychiatric Readings of Morally Mad Bodies" in Arturo Aldama (Ed.) *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 403-28.
- Rimke, Heidi and Alan Hunt. 2002. "From Sinners to Degenerates: The Medicalization of Morality in the C19th." *History of the Human Sciences*, 15:1, 59-88.
- Riot, Phillip. 1975. "The Parallel Lives of Pierre Riviere" in M. Foucault (ed.) *I, Pierre Riviere, Having Slaughtered My Mother, My Sister, and My Brother...A Case of*

- Parricide in the 19th Century.* Lincoln: University of Nebraska Press, 229-50.
- Roberts, M. J. D. 1983. "The Society for the Suppression of Vice and its Early Critics." *Historical Journal*, 20, 159-76.
- Robertson. 1846. "A Case of Moral Insanity Caused by a Depression of the Skull Cured by Operation." *The Northern Journal of Medicine*, 4, 271-2.
- Robinson, Daniel N. 1996. *Wild Beasts and Idle Humours: The Insanity Defence from Antiquity to Present.* Cambridge: Harvard University Press.
- Rojek, Chris. 1985. *Capitalism and Leisure Theory.* London: Tavistock Publications.
- Rolfe, Baron. 1848. "Insanity as Distinguished from Moral Mania." *The Lancet*, 1, 49.
- Root-Bernstein, Robert. 1985. "Visual-Thinking: The Art of Imagining Reality." *Transactions of the American Philosophical Society*, 75: 6, 50-67.
- Rose, Nikolas. 1979. "The Psychological Complex: Mental Measurement and Social Administration." *Ideology & Consciousness*, 5, 5-68.
- Rose, Nikolas. 1990. *Governing the Soul: The Shaping of the Private Self.* London: Routledge.
- Rose, Nikolas. 1996. *Inventing Ourselves: Psychology, Power and Personhood.* Cambridge: Cambridge University Press.
- Rosen, Charles. 1968. *Madness in Society: Chapters in the Historical Sociology of Mental Illness.* Chicago: Chicago University Press.
- Rosen, Charles. 1974. *From Medical Police to Social Medicine: Essays on the History of Health Care.* New York: Science History Publications.
- Rosenberg, Charles. 1974. "The Bitter Fruit: Heredity, Disease, and Social Thought in Nineteenth-Century America." *Perspectives in American History*, 8, 189-235.
- Rosenberg, Charles E. and Janet Golden (eds.) 1992. *Framing Disease: Studies in Cultural History.* New Brunswick: Rutgers University Press.
- Rosenthal, D. L. 1973. "On Being Sane in Insane Places." *Science*, January 19, 179: 4070, 250-258.
- Rothman, David. 1971. *The Discovery of the Asylum: Social Order and Disorder in the New Republic.* Boston: Little Brown.
- Rothman, E.K. 1981. "Sex and Self-Control: Middle-Class Courtship in America, c. 1770-1870." *Journal of Social History*, 33-57.
- Rover, Constance. 1970. *Love, Morals and the Feminists.* London: Routledge and Kegan Paul.
- Rude, George. 1964. *The Crowd in History, 1760-1848.* New York: Wiley.
- Rude, George. 1980. *Ideology and Popular Protest.* New York: Pantheon Books.
- Rumbarger, John J. 1989. *Profits, Power and Prohibition: Alcohol Reform and the Industrializing of America 1800-1930.* New York: State University of New York Press.
- Rush, Benjamin. 1790. *An Inquiry into the Effects of Spirituous Liquors on the Human Body and the Mind.* Boston: Thomas and Andrews.
- Rush, Benjamin. 1962 [1812]. *Medical Inquiries and Observations upon the Diseases of the Mind.* New York: Hafner.
- Rush, Benjamin. 1839. *An Inquiry into the Influence of Physical Causes upon the Moral*

- Faculty.* Philadelphia: Barrington and Haswell.
- Ryan, William. 2004. [1971]. "The Art of Savage Discovery: Blaming the Victim" in L. Heldke and P. O'Connor (eds.) *Oppression, Privilege, & Resistance: Theoretical Perspectives on Racism, Sexism, and Heterosexism*. Boston, McGraw Hill, 275-285.
- Sadoff, R.L. 1987. "Insanity: Evolution of a Medicolegal Concept." *Transactions and Studies of the College and Physicians of Philadelphia*, 9:4, December, 237-56.
- Said, Edward. *The World, The Text, and the Critic*
- Saldivar, Jose David. 1997. *Border Matters: Remapping American Cultural Studies*. Berkeley: University of California Press.
- Savage, George. 1881. "Moral Insanity." *The Journal of Mental Science*, 27:118, 147-155.
- Schneck, J.M. 1960. *A History of Psychiatry*. Illinois: Charles C. Thomas.
- Schneck, J.M. 1966. "Legal Insanity, Moral Insanity, and Stendhal's *Le Rouge et le Noir*." *Medical History*, 10, 281-4.
- Schneider, Kurt. 1958. *Psychopathic Personalities*. Trans. by M.W. Hamilton. Cassell: London.
- Scott, Joan W. 1988. *Gender and the Politics of History*. New York: Columbia Univ. Press.
- Scott, Joan W. 1991. "The Evidence of Experience." *Critical Inquiry*, 17:4, 773-97.
- Scott, J.F. 1898. *The Sexual Instinct: its Use and Dangers as Affecting Heredity and Morals: Essentials to the Welfare of the Individual and the Future of the Race*. New York: E. B. Treat & Co.
- Scull, Andrew. 1979. *Museums of Madness: the Social Organization of Insanity in Nineteenth-Century England*. London: Lane.
- Scull, Andrew. 1981.(ed.). *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*. London: Athlone.
- Scull, Andrew. 1989. *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*. Berkeley: University of California Press.
- Scull Andrew. 1993. *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*. London: Yale University Press.
- Sekula, Allan. 1986. "The Body and the Archive." *October*, 39, 3-64.
- Seymour, William. 1888. *Phrenology as a Science: A Lecture*. Toronto: W. Seymour.
- Sharp, Harry C. 1898. "Neurasthenia and its Treatment." *Proceedings of the Mississippi Valley Medical Association*, October, 11-16.
- Sheldon, Randall G. 2001. *Controlling the Dangerous Classes: A Critical Introduction to the History of Criminal Justice*. Boston: Allyn and Bacon.
- Shep, Earle (ed.). 1985. *Virtue and Medicine: Explorations in the Character of Medicine*. Dordrecht: D. Reidel.
- Shields, Rob. 1996. "Feel Good Here? Relationships between Bodies and the Urban Environments" in Jon Caulfield and Linda Peake (eds) *City Lives and City Forms: Critical Research and Canadian Urbanism*. Toronto: University of Toronto Press, 82-97.
- Shields, Rob. 2003. *The Virtual*. London: Routledge.
- Shields, Rob. 2004. "Visualicity." *Visual Culture in Britain*, 5:1, 23-36.
- Shorter, Edward. 1997. *A History of Psychiatry: From the Era of the Asylum to the Age of*

- Prozac.* New York: John Wiley & Sons.
- Showalter, Elaine. 1985. *The Female Malady: Women, Madness, and English Culture 1830-1980.* New York: Pantheon Books.
- Shulman, Alix (Ed.). 1972. *Red Emma Speaks: Selected Writings & Speeches By Emma Goldman.* New York: Vintage Books.
- Siena, Kevin. 1998. "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger." *Journal of the History of Sexuality*, 8:4, 553-74.
- Silver, Beverly. 2003. *Forces of Labor: Workers' Movements and Globalization since 1870.* Cambridge: The Press Syndicate of the University of Cambridge.
- Silverman, David. (Ed). 2004. *Qualitative Research: Theory, Method, Practice.* London: Sage.
- Silverman, David and Brian Torode. 1980. *The Material Word: Some Theories about Language and Their Limits.* London: Collier Books.
- Simmel, Georg. 1971b [1908] "The Stranger" in D. Levine (ed) *Georg Simmel.* Chicago: University of Chicago Press, 143-9.
- Skae, David. 1858. "Remarks on the Form of Moral Insanity Called Dipsomania and the Legality of Its Treatment by Isolation." *Edinburgh Medical Journal*, 3: 9, March, 769-83.
- Skultans, Vieda. 1979. *English Madness: Ideas on Insanity, 1580-1890.* London: Routledge.
- Smandych, Russel C. and Simon N. Verdun-Jones. 1986. "The Emergence of the Asylum in 19th Century Ontario: A Study in the History of Segregative Control" in Neil Boyd (ed.) *The Social Dimensions of Law.* Toronto: Prentice-Hall, 166-81.
- Smiles, Samuel. 1859. *Self-Help: With Illustrations of Conduct and Perseverance.* London: Murray.
- Smith, Linda Tuhiwai. 1999. *Decolonizing Methodology: Research and Indigenous Peoples.* Dunedin: University of Otago Press.
- Smith, Dorothy. 1990. "K is Mentally Ill: The Anatomy of a Factual Account" in *Texts, Facts, and Femininity: Exploring the Relations of Ruling.* London: Routledge, pp. 12-51.
- Smith, F. B. 1971. "Ethics and Disease in the Late Nineteenth Century: The Contagious Diseases Acts." *Historical Studies*, 15, 118-135.
- Smith, John Addington. 1813. *A Discourse on the Manner in which Peculiarities in the Anatomical Structure Affect the Moral Character.* New York: College of Physicians and Surgeons.
- Smith, P. 1885. "Two Cases of Moral Insanity." *Journal of Mental Science*, 31, October, 366-8.
- Smith, Robert Michael. 2003. *From Blackjacks to Briefcases: A History of Commercialized Strikebreaking and Union-Busting in the United States.* Athens: Ohio University Press.
- Smith, Roger. 1981. *Trial by Medicine: Insanity and Responsibility in Victorian Trials.* Edinburgh: Edinburgh University Press.
- Smith, Roger. 1992. *Inhibition: History and Meaning in the Sciences of Mind and Brain.*

- Berkeley: University of California Press.
- Smith-Rosenberg, Carroll. 1971. *Religion and the Rise of the American City: the New York City Mission Movement, 1812-1870*. Ithaca: Cornell University Press.
- Smith-Rosenberg, Carroll. 1985. "The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-Century America" in *Disorderly Conduct: Visions of Gender in Victorian America*. New York: Alfred A. Knopf, 197-216.
- Southgate, Beverley. 2000. *Why Bother with History? Ancient, Modern and Postmodern Motivations*. Harlow: Longman.
- Sperber, J. 1994. *The European Revolutions, 1848-1851*. Cambridge: Cambridge University Press.
- Spivak, Gayatri Chakravorty. 1987. "Subaltern Studies: Deconstructing Historiography" in *In Other Worlds: Essays in Cultural Politics*. New York: Methuen Books.
- Spurzheim, Johann Christoph. 1970 [1833]. *Observations on the Deranged Manifestations of the Mind, or Insanity*. Introduction by Anthony Walsh. Gainesville: Scholar's Facsimiles and Reprints.
- Stafford, Barbara. 1991. *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine*. Massachusetts: MIT.
- Stanley, George F.G. 1963. *Louis Riel*. Toronto: Ryerson Press.
- Stedman, Henry. 1904. "A Case of Moral Insanity with Repeated Homicides and Incendiarism and Late Development of Delusions." *American Journal of Insanity*, 61, 275-97.
- Steedman, Carolyn 1992. "Culture, Cultural Studies, and the Historians" in Lawrence Grossberg, Cary Nelson and Paula A. Treichler (eds.) *Cultural Studies*, 613-22.
- Steedman, Carolyn. 2002. *Dust: The Archive and Cultural History*. New Brunswick: Rutgers University Press.
- Steen, R.H. 1913. "Moral Insanity." *Journal of Mental Science*, 59, 478-86.
- Stowe, Harriet Beecher. 1869. *House and Home Prayers*. Boston: Boston: Fields, Osgood and Co..
- Sward, Keith. 1954. *The Legend of Henry Ford*. New York: Rinehart and Company Inc..
- Sweetser, William. 1850. *Mental Hygiene; Or, an Examination of the Intellect and Passions, Designed to Illustrate Their Influence on Health and the Duration of Life*. New York: Langley.
- Szasz, Thomas. 1971a. *The Manufacture of Madness*. London: Routledge.
- Szasz, Thomas. 1971b. "The Sane Slave." *American Journal of Psychotherapy*, 25, 228-239.
- Tagg, John. 1988. *The Burden of Representation: Essays on Photographies and Histories*. Basingstoke: Macmillan.
- Takaki, Ron T. 1979. *Iron Cages: Race and Culture in Nineteenth-century America*. New York: Alfred a. Knopf.
- Talbot, Eugene S. 1984 [1898]. *Degeneracy: Its Causes, Signs, and Results*. New York: Garland Publishing.
- Tarde, Gabriel. 1903. *The Law of Imitation*. New York: Holt.
- Taylor, John H. 1986. *Ottawa: An Illustrated History*. Toronto: James Lorimer & Company, Publishers and Canadian Museum of Civilization, National Museums of Canada.

- Taylor, Jenny Bourne and Sally Shuttleworth (eds.) 1998. *Embodied Selves: An Anthology of Psychological Texts 1830-1890*. Oxford: Clarendon Press.
- Thomas, Alan. 1978. *The Expanding Eye: Photography and the Nineteenth-Century Mind*. Hammondsorth: Penguin.
- Thomas, Joseph. 1876. *A Comprehensive Medical Dictionary*. Philadelphia, J.B. Lippincott & Co.
- Thompson, E. P. 1970. *The Making of the English Working Class*. London: Penguin.
- Thompson, F.M.L. 1988. *The Rise of Respectable Society: A Social History of Victorian Britain, 1830-1900*. London: Fontana.
- Thomson, J. Bruce. 1870. "The Psychology of Criminals." *Journal of Mental Science*, October, 321-49.
- Thurtle, Phillip. 1996. "The Creation of the Genetic Identity: the Implications for the Biological Control of Society. " *Stanford Humanities Review: Cultural and Technological Incubations of Fascism*, 5, Supplement, 80-98.
- Thurtle, Phillip. 2002. "Harnessing Heredity in the Gilded Age America: Middle Class Mores and Industrial Breeding in a Cultural Context." *Journal of the History of Biology*, 35, 43-78.
- Thurtle, Phillip. 2004. "Breeding and Training Bastards: Distinction, Information and Inheritance in Gilded Age Horse Breeding" in Robert Mitchell and Phillip Thurtle (eds) *Data Made Flesh: Embodying Information*. New York: Routledge, 65-84.
- Tolentino, Rolando B. 2003. "Mattering National Bodies and Sexualities: Corporeal Contest in Marcos and Brocka" in Arturo Aldama (Ed.) *Violence and the Body: Race, Gender and the State*. Indiana: Indiana University Press, 113-34.
- Tourtelle, E. 1819. *The Principles of Health*. trans. G. Williamson. Baltimore: John D. Toy.
- Trifonas, Peter. 1993. "Conceptions of Text and Textuality: Critical Perspectives in Literary Theory from Structuralism to Poststructuralism." *Interchanges*, 24:4.
- Tuan, I Fu. 1974. *Topophilia: A Study of Environmental Perception*. New Jersey: Prentice-Hall.
- Tuke, Daniel Hack. 1856. "On the Various Forms of Mental Disorder." *The Asylum Journal of Mental Science*, 18, July, 445-66.
- Tuke, Daniel Hack. 1885. "Case of Moral Insanity or Congenital Moral Defect, with Commentary." *Journal of Mental Science*, July, 360-6.
- Tuke, Daniel Hack 1891a. *Prichard and Symonds in Especial Relation to Mental Science, with Chapters on Moral Insanity*. London: J. A Churchill.
- Tuke, Daniel Hack. 1891b. "Moral Insanity" in D.H. Tuke Prichard and Symonds in *Especial Relation to Mental Science, with Chapters on Moral Insanity*. London: J. A Churchill, 65-97.
- Tuke, Daniel Hack 1892a. "Moral Insanity" in D.H. Tuke (ed.) *A Dictionary of Psychological Medicine*. Volume II. Philadelphia: P. Blakiston, 813-16.
- Tuke, Daniel Hack. 1892b. *A Dictionary of Psychological Medicine*. Volume II. Philadelphia: P. Blakiston.
- Turner, B. 1996. *The Body and Society: Essays in Medical Sociology*. Thousand Oaks: Sage Publications.

- Turner, Ronny E. and Charles Edgley. 1983. "From Witchcraft to Drugcraft: Biochemistry as Mythology." *Social Science Journal*, 20:4, 1-12.
- Unger, Roberto. 1984. *Passion: An Essay on Personality*. New York: The Free Press.
- Urla, Jacqueline and Jennifer Terry. 1995. "Introduction: Mapping Embodied Deviance" in J. Terry and J. Urla (eds.) *Deviant Bodies*. Indianapolis: Indiana University Press, 1-18.
- Valentin, Elliot S. 1986. *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness*. New York: Basic Books.
- Valverde, Mariana. 1989. "The Love of Finery: Fashion and the Fallen Woman in Nineteenth Century Discourse." *Victorian Studies*, 32:2, 168-88.
- Valverde, Mariana. 1991. *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925*. Toronto: McLelland and Stewart.
- Valverde, Mariana. 1998. *Diseases of the Will: Alcohol and the Dilemmas of Freedom*. Cambridge: Cambridge University Press.
- Verdi, T.S. 1870. *Maternity: A Popular Treatise for Young Wives and Mothers*. New York: Jenny Bourne Ford.
- Vila, Anne C. 2004. "Reading the 'Sensible' Body: Medicine, Philosophy, and Semiotics in Eighteenth Century France" in Robert Mitchell and Phillip Thurtle (eds) *Data Made Flesh: Embodying Information*. New York: Routledge, 27-45.
- Von Feuchtersleben, Ernst. 1847. *The Principles of Medical Psychology: Being the Outlines of a Course of Lectures*. trans. by H.E. Lloyd. London: The Sydenham Society.
- Waldinger, Robert J. 1979. "Sleep of Reason: John P. Gray and the Challenge of Moral Insanity." *Journal of the History of Medicine and the Allied Sciences*, 34:2, 163-79.
- Wallace, Ellerslie. 1897. "Photography in Medicine." *Journal of American Medical Association*, 28, 775-6.
- Ward, Edith. 1892. *The Vital Question: An Address on Social Purity*. London: Lund.
- Ward, Steven. 1996. "Filling the World with Self-Esteem: A Social History of Truth-Making." *Canadian Journal of Sociology*, 21:1, 1-23.
- Weedon, C. 1987. *Feminist Practice and Poststructuralist Theory*. Oxford: Blackwell.
- Weinberg, Darin. (Ed) 2002. "Qualitative Research Methods: An Overview" in *Qualitative Research Methods*. Oxford: Blackwell, 1-22.
- Weisman, August. 1885. "The Continuity of the Germ-plasm as the Foundation of a Theory of Heredity" in E. B. Poulton, S. Schonland and A. E. Shipley (eds) *Essays Upon Heredity and Kindred Biological Problems*. Two Volumes. Translated into English 1891-2. Oxford: Clarendon Press, 163-256.
- Weinstein, Jay and Nico Stehr. 1999. "The Power of Knowledge: Race Science, Race Policy, and the Holocaust." *Social Epistemology*, 13:1, 3-36.
- Westcott, Robyn. 2004. "Witnessing Whiteness: Articulating Race and the 'Politics of Style.'" *Borderlands: E-Journal*, 3:2. December 8, 2004. http://www.borderlandsejournal.adelaide.edu.au/vol3no2_2004/westcott_witnessing.htm
- Wayland, Francis. 1852. *The Elements of Moral Science*. Third Edition. Boston: Gould and

- Lincoln.
- Whitlock, F.A. 1967. "Prichard and the Concept of Moral Insanity." *Australian and New Zealand Journal of Psychiatry*, 1, 72-9.
- Whorton, James. 2000. "Civilization and the Colon: Constipation as 'The Disease of Diseases.'" *The Western Journal of Medicine*, 173:6, December, 424-7.
- Wiener, Martin. 1990. *Reconstructing the Criminal: Culture, Law and Policy in England, 1830-1914*. Cambridge: Cambridge University Press.
- Wigan, A.L. 1844. *A New View of Insanity. The Duality of the Mind Proved by the Structure, Functions, and Diseases of the Brain, and Via the Phenomenon of Mental Derangement, and Shewn to Be Essential to Moral Responsibility*. London: Longman, Brown, Green, and Longman's.
- Williams, Simon J. 1998. "Health as Moral Performance: Ritual, Transgression and Taboo." *Health*, 2:4, 35-57.
- Williamson, G. 1898. *The Laws of Heredity*. Second Edition. San Francisco: Suzanne Bunker Williamson.
- Wilson, Albert. 1910. *Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate*. London: Greening & Co. Ltd.
- Wilson, Jan. 1995. "An Irresistible Impulse of Mind: Crime and the Legal Defence of Moral Insanity in Nineteenth-century Australia." *Australian Journal of Law and Society*, 14, 137-68.
- Winslow, Forbes. 1843. *The Plea of Insanity in Criminal Cases*. London: H. Renshaw.
- Wise, P.M. 1883. "Case of Sexual Perversion." *Alienist and Neurologist*, 4:1, 87-91.
- Wood, Ann Douglas. 1973. "The 'Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America." *Journal of Interdisciplinary History*, 4, 25-52.
- Woodward. 1838. "Moral Insanity." *Boston Medical and Surgical Journal*, March 28, 18:8, 124-6.
- Woodward. 1844. "Moral Insanity." *Boston Medical and Surgical Journal*, April 17, 30:11, 248.
- Woolgar, Steve. 1988. *Science: The Very Idea*. London: Tavistock.
- Workman, Joseph. 1863. "Case of Moral Mania?" *American Journal of Insanity*, April, 106-16.
- Workman, Joseph. 1883. "Moral Insanity - What is it?" *American Journal of Insanity*, 39, 334-48.
- Wright, Adele Williams. 1902. "The Extermination of the Criminal Classes." *The Arena*, 28, 274-280.
- Wright, H. 1867. "On Medical Uses of Photography." *The Photographic Journal*, 9, 202-5.
- Wright, T.L. 1882. "The Physical Basis of Moral Insanity Viewed in Relation to Alcoholic Impressions." *Alienist and Neurologist*, 4, 542-50.
- Wynter, Andrew. 1998 [1877]. "The Borderlands of Insanity and Other Allied Papers" in Jenny Bourne Taylor and Sally Shuttleworth (eds.) *Embodied Selves: An Anthology of Psychological Texts 1830-1890*. Oxford: Clarendon Press, 280-1.
- Yellowlees, D. 1892. "Masturbation" in D.H. Tuke (ed.) *A Dictionary of Psychological*

- Medicine*. Volume II. Philadelphia: P. Blakiston, 784-6.
- Young, Robert. 2000. *Colonial Desire: Hybridity in Theory, Culture, and Race*. New York: Routledge.
- Zilboorg, G. 1941. *History of Medical Psychology*. New York: W.W. Norton.
- Zinn, Howard. 1994. *You Can't Be Neutral on a Moving Train: A Personal History of Our Times*. Boston: Beacon Press.
- Zelizer, V. 1985. *Pricing the Priceless Child: The Changing Social Value of Children*. New York: Basic Books.

APPENDIX 1 Abridged Socio-Historical Time Line: Chronological Chart⁹²

c. 1000	Hiawatha "Keeper of the Peace," Mohawk Founder of the Iroquois Confederacy
1170	First English Invasion of Ireland
1215	Magna Carta
1485	Yeomen of the Guard created ⁹³
1492	Christopher Columbus gets lost and stumbles upon the Americas
1517	Martin Luther's Ninety-Five Theses (Germany)
1521	King Henry VIII given the title "Defender of the Faith" by the Pope
1534-42	Cartier makes first of three voyages to Canada claiming it as the property of France but believing it was China/Lachine
1621	Burton's <i>The Anatomy of Melancholy</i> (Britain)
1637	First Hospital, Hotel-Dieu in Quebec City (Canada)
1640	King Henry VIII breaks with the Church of Rome; creates Church of England
1640-1660	Civil War and Law Reform (England)
1649	Descartes' <i>On the Passions of the Soul</i> (France)
1651	Hobbes' <i>The Leviathan</i> (Britain)
1670	Nonsuch voyage to Canada (Britain)
	The Royal Charter ⁹⁴
1690	The Hudson's Bay Company is consolidated (Canada)
	Locke's <i>An Essay on Human Understanding</i>
1710	Anonymous publication of <i>Onania, or the Heinous Sin of Self-Pollution and All Its Frightful Consequences in Both Sexes</i>
1729	Blondel's <i>The Power of the Mother's Imagination Over the Foetus Examined</i> (Britain)
1735	Linnaeus's <i>Systema Naturae</i> (Sweden)
1738	Society for the Reformation of Manners ⁹⁵ (Britain)
1754	First Western woman with a medical doctorate graduates from the University of Halle (Germany)
	Mass Deportation of Acadian Canadiens to the United States

⁹² Current geo-political-territorial reference identified in parentheses.

⁹³ Considered to be the oldest military corps in existence today (<http://www.royal.gov.uk/print/page15.asp> Accessed January 29, 2005).

⁹⁴ King Charles II of England authorizes the "Company of Adventurers" who received royal approval to colonize and expropriate forty percent of Turtle Island specifically in the James Bay area.

⁹⁵ Local organizations composed of the wealthy came together to take the law into their own hands. By the nineteenth century Associations for the Prosecution of Felons were organized by property-owners to share the costs incurred in locating, arresting and prosecuting offenders (Phillips 1989; Rimke and Hunt 2002).

1758	William Battie's <i>Treatise on Madness</i> (Britain) Samual Tissot's <i>Onania, or a Treatise upon the Disorders Produced by Masturbation</i>
1759	Barbers distinguished from surgeons (Britain)
1760	Hotel-Dieu expropriated and occupied by the English Army (Canada)
1760-1830	English conquest of New France (Canada) The Enclosures Acts ⁹⁶
1761	Morgnani's <i>On the Seats and Causes of Disease Investigated by Anatomy</i> (Italy)
1763	Treaty of Paris, making New France a British Colony with a Catholic Bishop (Canada)
	King George III issues a Royal Proclamation ⁹⁷
1764	Beccaria's <i>On Crimes and Punishment</i>
1770-1	Smallpox kills approximately 3 million people in the East Indies
1773	First American Insane Asylum in Williamsburg, Virginia
1775	Charles White links hygiene to puerperal fever; invents asepsis (Britain)
1776	Society for Preventing the Profanation of the Sabbath (Britain)
	American Declaration of Independence from Britain
	North West Company formed (Canada)
	Smith's <i>The Wealth of Nations</i> (Scotland)
1777	John Howard's investigation of prisons and hospitals published (Britain)
1778	Arrival of first British convicts to Australia
1779	Johann Peter Frank's <i>A System of Complete Medical Police, 1779-1819</i> (Austria)
1780	Franklin invents bifocal lenses (United States)
1782	Arnold's <i>Observations on the Nature, Kinds, Causes, and Prevention of Insanity</i>
1783-1821	North West Company established
1784	Rush's <i>An Inquiry into the Effects of Spirituous Liquors on the Human Body and Mind</i> (United States)
1785	Cartwright invents the power loom (Britain)
1786-1848	James Cowles Prichard
1786	Letsom describes drug habituation and alcoholism (Britain)
1787	George III issues a Proclamation 'For the Encouragement of Piety and Virtue and for Preventing and Punishing of Vice, Profaneness and Immorality' (Britain)
1788	Influenza pandemic (Europe)

⁹⁶ State redefines land as "property," that is, a capitalist commodity to be 'owned' by land-holders.

⁹⁷ He declares that Indians should not be "molested or disturbed" on any land that was not purchased by the Europeans (York 1991:180).

	Falconer's <i>A Dissertation on the Influence of the Passions Upon the Disorders of the Body</i>
1789	George Washington elected president (United States) Malthus's <i>Essays on the Principles of Population</i> (Britain) Storming of the Bastille (France) Jeremy Bentham's <i>Moral Calculus</i> (Britain) Laveter's <i>Essays on Physiognomy</i> French Revolution
1790-1800	Proclamation Society ⁹⁸ (Britain)
1790	George Vancouver surveys the northwest coast of the Americas (Canada)
1791	Dr. Guillotine invents the guillotine (France)
1792	Kingston established as the site of Government (Canada) First church, St. George's in Kingston (Canada) Louis XVI and Marie Antoinette Guillotined Whitney invents the cotton gin ⁹⁹ (United States) Habeas Corpus Act ¹⁰⁰
1794	Erasmus Darwin's <i>Zoonomia</i> (Britain)
1795	Bethlehem "Bedlam" Mental Asylum established (Britain)
1796	Society for Bettering of the Conditions of the Poor (Britain)
1798	Dalton describes colour-blindness (Britain) Gas lighting introduced (France)
	John Haslam's <i>Observations on Insanity</i> (Britain)
1799	England passes a law forbidding combines (trade unions)
c. 1800	Industrial Revolution begins (Britain)
1800	James Hadfield shoots at George III and misses; Hadfield detained as a criminal lunatic (Britain) Electric Battery invented by Volta (Italy)
1801	Pinel publishes his psychiatric treatise (France)
	Lamarck names "biology" (France)
1802	Society for the Suppression of Vice (Britain)

⁹⁸ The 'Proclamation Society' was established by the influential 'High Church' evangelical reformer, William Wilberforce, who believed in what he called the 'grand law of subordination': that everyone should know their natural allotted place in the social order. The 'Vice Society' had its origins in this precursor (Rimke and Hunt 2002:67).

⁹⁹ This new technology removed seeds from cotton thus greatly increasing textile production and consumption. For example, in 1760, England imported 3 million pounds of material; by the end of the eighteenth century, 56 million pounds were being imported from America (Newth 1967:12).

¹⁰⁰ The "right" to a public, fair trial was quashed introducing the lawful indefinite detention of accused as prisoners. Criticizing the State was declared a crime punishable by death (Johnson and Wolfe 1996; Newth 1967; Rimke and Hunt 2002).

1804	First railway engine created (Britain)
1805	Napoleon's <i>coup d'état</i> ; entitles himself "Emperor" (France)
1806	Serturner isolates morphine (Germany)
1806	Fulton invents steamboat (United States)
1807	The slave trade is abolished in the British Empire
1808	County Asylums Act (Britain)
1809	Society for Promoting the Observance of the Sabbath (Britain)
1810-19	Gall and Spurzheim publish their treatises on phrenology, 5 volumes (Germany)
1812	Society for the Suppression of Begging (Britain)
	Benjamin Rush's <i>Medical Inquiries and Observations upon the Diseases of the Mind</i> (United States)
	Napoleon's Army defeated in Russia
	Assassination of Spencer Perceval, English Prime Minister
1812-1815	American Civil War and Invasion of Canada
1813	The Guardian Society ¹⁰¹ (Britain)
1814	First locomotive by Stephenson (Britain)
1815	First permanent white settlement in New Zealand
1816	Final defeat of Napoleonic at the Battle of Waterloo
1817-1830	The Common School Act (for the wealthy) (Canada)
1818	Global Cholera Pandemic (first of many in the C19th)
	Free Ports Act ¹⁰² (Canada)
	London Society for Organizing Charitable Relief and Suppressing Mendicity ¹⁰³
1819	Britain's East India Company becomes ruler of India
1821	Braille invents printing for the blind (France)
	The Hudson's Bay Company merges with Montreal-based North-West Company (Canada)
	Maori civil war begins
1823	Purkinje first to classify fingerprints (Czechoslovakia)
	Blast furnace invented by Nielson (Scotland)
	First calculator by Babbage (Britain)
1825	London Police Formed ("Bobby's Boys")
	McGill creates Canada's first medical school

¹⁰¹ Non-denominational organization aimed at 'rescuing' and controlling sex-trade workers.

¹⁰² Passed by British Parliament, the act permitted a wide range of American products to be imported to designated North American ports either in British or American ships (Easterbrook and Aitken 1988:231).

¹⁰³ Transformed into the "Charitable Organization Society" in 1869 and pioneers the "casework method" of home visits (Hunt 1999:64).

1826	Nicephore Niècpe successfully records an optical image with the use of chemicals
1828	Burrow's <i>Treatise on Insanity</i>
1829	Catholic Emancipation Act (Britain)
1830	Pope Pius VIII, poisoned
	Death of George IV (Britain)
	British Parliamentary Reform
1830	Female Moral Reform Society (United States)
1831	Owen's <i>Moral Physiology</i> (Britain)
	Society for Promoting the Due Observance of the Lord's Day (Britain)
1831-1836	The Beagle, with Darwin aboard, sets sail for South America and Australia
1832	British Medical Association Founded
	Irish immigration wave to Canada
1832-6	Rideau Canal construction (Canada)
1833	Doctrine of Moral Insanity invented by James Cowles Pritchard (Britain)
	The Abolition of Slavery Act (Britain; Canada)
	The Factory Act ¹⁰⁴ (Britain)
1834	British American Land Company established by Peter McGill and George Moffat (Canada)
	The Grand National Consolidated Trade Unions formed (Britain)
	William Lyon Mackenzie elected first mayor of Toronto (Canada)
1835	Pierre Charles Alexander Louis founds medical statistics (France)
	Wayland's <i>The Elements of Moral Science</i> (United States)
	Samuel Colt invents the revolver (United States)
	Andrew Jackson is the subject of the first recorded assassination attempt on a United States president. Jackson physically beats the assailant.
	Professor Nikolai Gogol fired for criticizing the university (Russia)
	Joseph Workman graduates with a medical degree from McGill University (Canada)
	First Canadian prison built, Kingston
1836	Grand Trunk Railway (Canada)
	Report on Asylums ¹⁰⁵
1836-1850	Organized attempts at public education for the people blocked by Tories and Reform administration (Canada)
1837	Bills of Mortality ¹⁰⁶ (Britain)

¹⁰⁴ The provisions were: no child under nine was to work in cotton, wool or flax mills; no child under thirteen years was to work for more than forty-eight hours per week; and, no one under eighteen could labour for more than sixty-nine hours a week (Newth 1967:51).

¹⁰⁵ Produced by Dr. Charles Duncombe, the report illustrates the concern for institutional reform expressed by social reformers in Canada (Smandych and Vulcan-Jones 1986:171).

1837-1901	Queen Victoria (Britain) Elizabethan Poor Laws largely abandoned (Britain) Charles Dickens' <i>Oliver Twist</i> (Britain) Coercion Bill seizes Lower Canada Treasury (Canada)
1837-1838	Rebellion erupts in Upper and Lower Canada; Battles of Windsor and Windmill; hundreds are charged, imprisoned and hanged
1838-1848	The Chartist Movement
1840	Photomicography was the first application of photography in medicine by Alfred Donne, the head of the Charite Clinic in Paris (France) Trollope's <i>The Life and Adventures of Michael Armstrong</i> ¹⁰⁷ (Britain) Britain annexes New Zealand First Adhesive Postage Stamp (Britain)
1841	Union of the Canadas by elected assembly of representatives Pharmaceutical Society of Great Britain established
1842	Chadwick reports on the link between living conditions and public health (Britain) Chartist General Strike (Britain) Work by women and children in coalmines outlawed (Britain) Copper and gold discovered in Australia First opium war between China and Britain
1843	Holme's <i>Contagiousness of Puerperal Fever</i> (United States) Daniel M'Naghten tried for shooting E. Drummond, secretary to Prime Minister Robert Peel (Britain)
1844	The Factory Act was applied to lace and silk mills (Britain) First steamship crosses the Atlantic Ocean
1845	Telegraph invented (Britain) Beauport Asylum opens in Quebec, for-profit (Canada) Joseph Workman founds First Unitarian Congregation of Toronto (Canada) Les Dames du Sacre-Coeur (Canada) Sisters of the Good Shepherd (Canada) Draw Back Acts ¹⁰⁸ Grey Nuns established (Canada) Alleged Lunatics Friend Society created (Britain)
1845-1846	The Great Hunger; disastrous famine (Ireland)

¹⁰⁶ Systematic registration of births and deaths begin. In 1840 England, the average age of death was estimated to be twenty-nine years old which as a figure was largely impacted by the high infant mortality and childhood deaths (Newth 1967:180).

¹⁰⁷ This was a book written to "rouse the conscience of the wealthy" (Newth 1967:12).

¹⁰⁸ This act allowed Canadian grain to be sent in bond to the US for transport to Britain (Gaucher 1982:178).

1846	First surgical operation using ether as an anaesthetic, Massachusetts General Hospital (United States) Marx's <i>The German Ideology</i> (Germany) Sims invents the vaginal speculum (United States) Howe patents the sewing machine (United States) US conquers half of Mexico
1847	First institution for mental 'defectives' established (Massachusetts, United States)
1848	Year of Revolutions; middle classes gain Public Health Act Legislated; general and local boards established (Britain) Marx and Engels' <i>The Communist Manifesto</i> (Germany)
1849	Elizabeth Blackwell, first English woman to graduate with a medical degree at the Geneva Medical School in New York (United States) Danielssen and Boeck publish studies on leprosy; leads to establishing boards of health (Norway) Gold-rush in California (United States) Tory firing of Parliament in Montreal (Canada) Thoreau's <i>Civil Disobedience</i> (United States) The Guarantees Act ¹⁰⁹ (Canada)
1850	The American Female Guardian Society Herbert Spencer's <i>Social Statics</i> (Britain) Waller presents "law of degeneration" of spinal nerves; begins neuron theory (Britain) Toronto Lunatic Asylum opens; J. Workman appointed medical superintendent in 1854 (Canada) Pinkerton and Rucker form North-Western Police Agency (United States) The Common School Act of Ontario; free education for the people (Canada)
c. 1850s	Major capitalist expansionism (Canada)
1851	Morse invents code (United States) Sojourner Truth's <i>Ain't I A Woman?</i>
1852	International Congress of Hygiene Created (Belgium) Diamond applies photographic techniques to account for insanity ¹¹⁰ American Pharmaceutical Association Founded (United States) Contagious Diseases Act (Britain)

¹⁰⁹ Ensured "assurances" for large capitalist ventures (c.f. Gancher 1982:191).

¹¹⁰ Dr. Hugh Diamond exhibited his photographic collections for many years under the following titles: *Types of Insanity* (1852), *Phases of the Insane* (1854), *Portraits of Insane Persons* (1856), *Studies of Insane Persons* (1857), and *Illustrations of Mental Disease* (1859) (Burrows and Schumacher 1990:52).

1853	Joseph Arthur's <i>The Inequality of the Races</i> - starts scientific racism First documented 'successful' abdominal hysterectomy by Burnham (Britain) Charles Brace founds the Children's Aid Society (Britain)
1854	The Female Middle-Class Emigration Society founded by Maria Rye Drysdale's <i>Elements of Social Science</i> 1,400 documented cases of cholera in London: 618 recorded deaths. (Britain) John Snow stops the cholera epidemic by demonstrating the link between the Broad Street water pump and the spread of disease: the outbreak ceased once the pump was closed.
1855	Civil war in China; 20 million dead
1857	Refrigerator invented (France) Obscene Publications Act (Britain) Morel's <i>Degenerescence</i> (France)
1858	Indian revolt against colonization Niemann identifies cocaine (Germany) Medical Act states that doctors in Britain must complete an education and be registered in order to qualify as medical practitioners. Gold found at Fraser River (Canada) Saint Patrick's Day Riot, Toronto (Canada) India becomes a British colony
1859	Nightingale's <i>Notes on Nursing, What it is and What it is not</i> (Britain) Darwin's <i>Origin of the Species</i> (Britain) First internal combustion engine (France) Smiles' <i>Self-Help</i> (Britain) Mill's <i>On Liberty</i> (England)
1860	Nightingale opens School for Nurses (Britain) France begins to build an empire in West Africa
1861	Bessemer invents steel smelting machinery (Britain) Broca reports that the left frontal lobe is the locus of speech control (France)
1861-1875	Pasteur documents anaerobic bacteria (France) St. John's Insane Asylum ¹¹¹ (Canada)
1861-5	American Civil War (United States)
1862	Duchenne's <i>The Mechanism of Human Facial Expression</i>
1863	Lombroso's <i>Criminal Man</i> (Italy) Pasteur researches silkworms which ravage crops and therefore, the economy; proves that heat destroys bacteria (France) Baeyer creates barbituric acid (Germany)

¹¹¹ This courthouse was converted into a temporary insane asylum to relieve the overcrowding at the Beauport Asylum (Smandych 1986:177).

1864	Geneva Convention signed, embodying humanitarian principles of the international Red Cross (Switzerland) McMicken's Western Frontier Constabulary established (Canada)
1864-1876	First International established
1865	President Abraham Lincoln shot by John Wilkes Booth, the most famous actor in America, at Ford's Theatre, April 14 th and dies the following day. Gregor Mendel publishes research on the genetics of plant breeding which is neglected until 1900; documents the theory of inheritance (Austria) Villemin demonstrates that tuberculosis is due to an agent called a germ (France) First serious test of Lister's antiseptic procedures (Britain) 'General' William Booth founds the Salvation Army (Britain)
	Formation of the Ku Klux Klan (United States) Abolition of slavery in the United States
1867	Canadian Confederation founded by the <i>British North America Act</i> , attempts to diffuse tensions between British and French communities Richard Dugdale's <i>The Jukes</i> which is an extension of Elisha Harris's study of a "criminal family" (United States) Michigan Marriage Act makes it a crime for idiots, the insane, uncured syphilitics, and individuals with uncured gonorrhoea to marry or live together
1868	Rupert's Land Act (Canada) D'Arcy Thomas McGee, a founder of Canadian Confederation, assassinated in Ottawa, April 7 (Canada) UK Pharmacy Act Created (Britain) Wunderlich invents the use of a clinical thermometer (Germany)
	The Dominion Police established (Canada)
1869	Francis Galton's <i>Hereditarian Genius</i> founds the eugenics movement (Britain) Virchow urges for medical inspections of schools (Germany) Westphal coins the term "sexual inversion" (Germany)
1870	National Policy ¹¹² (Canada)

¹¹² Canadian prime minister John A. MacDonald was key in fostering Anglo-Saxon based industrialism and capitalist ascendancy during the final decades of the nineteenth century by ensuring financial compensation for failed industrial enterprises (Gaucher 1982; Easterbrook and Aitkens 1988). One other major way MacDonald ensured 'economic development' was by establishing the need for an organized armed force to "keep the peace" between Indigenous populations and white enterprising colonialists in the north west in 1869: hence the birth of Canada's North West Mounted Police (NWMP). "The force was to be military in nature and based on the Irish Constabulary, which Great Britain used to control Ireland" he stated because the problem of policing resembled that faced by the British colonizers in India. The NWMP were specifically designed to be a para-military cavalry force to protect commercial and crown interests, particularly when it came to the 'transfer' of most of the territory of the region from the Indigenous to the federal government (Brown and Brown 1973: 10-11).

	Education Act ¹¹³ (Britain)
	The Manitoba Act ¹¹⁴
1870-1	National Association for the Promotion of Social Purity (Britain)
	Franco-Prussian War; vaccinations tested on the wounded
	German Empire established
1871	Insurrection and Paris Commune (France)
	Toronto Trades Assembly (Canada)
	Darwin's <i>The Descent of Man</i> (Britain)
	Bruce's Bill by which a woman could be punished for soliciting without proof that she was causing annoyance (Britain)
	Pottier's <i>The Internationale</i> (France)
	Josephine Butler's <i>The Constitution Violated</i> (Britain)
	Carol's <i>Alice in Wonderland</i> (Britain)
	Compulsory Protestant education; remained ineffective until 1884 (Canada)
1871-1996	Vigilance Association for the Defence of Personal Rights ¹¹⁵ (Britain)
1872	Labour Council of Metro Toronto and York Region (Canada)
	Secret Ballot Act (Britain)
	9 Hour Workday movement begins (Canada)
	Comstock founds the New York Society for the Suppression of Vice (United States) ¹¹⁶
1872-1892	Emile Zola's the Rougon-Macquart series; 20 novels examining hereditary pathologies in two families (France)
1873	Red River Settlement renamed the City of Winnipeg (Canada)

¹¹³ Stated schooling should be made available to all children. In reality, only the rich could afford to send their children; the majority of the child population were labourers.

¹¹⁴ A result of the Metis uprising known as the Red River Rebellion where the members of the community took up arms against the federal government and its policing activities. Declaring itself a provisional and autonomous government under Louis Riel's leadership the Red River settlement rose up in arms. The Act was written to guarantee certain linguistic, religious and territorial rights around the Red River and thus accorded the status as a province of Canada and became administrated directly from Ottawa. This infuriated the self-governing communities thus creating great conflict in the prairies (Brown and Brown 1973:9-10). Riel was hanged for treason 1886 and diagnosed as insane by Clark (1887) who along with Riel's lawyers wanted to use the insanity defence. This infuriated Riel who stated that he would rather be sentenced to death than be condemned to live as a lunatic.

¹¹⁵ This organization opposed the criminalization of prostitution as well as the State censorship of literature under the stifling obscenity laws (Rimke and Hunt 2002).

¹¹⁶ This civilian censorship-based organization acted as a moral regulatory model for reform and 'guidance' missions in other large American cities (Bullough and Bullough 1977).

	The Licensing Act ¹¹⁷ (Britain)
	Social Purity Alliance formed under Josephine Butler (Britain)
	Women's Anti-Whiskey Crusade, Ohio (United States)
	General Custard defeated by Sitting Bull at Little Bighorn (United States)
	Edward H. Clarke's <i>Sex in Education; or a Fair Chance for Girls</i>
1874	International Postal Service
	Industrial Schools Act ¹¹⁸ (Canada)
	<i>Loi Roussel</i> enacted for the protection of infants (France)
1875	Meat Inspection Compulsory (Germany)
	The Climbing Boys Act ¹¹⁹ (Britain)
1876	Lakota Uprising (United States)
	The Indian Act (Canada)
	A.G. Bell invents telephone
	New York Committee for the Prevention of Licensed Prostitution (United States)
	New York's Elmira Reformatory opens
1877	Lewis Henry Morgan's <i>Ancient Society</i> (Britain)
	Act for the Protection of Infant Children (Canada)
	Queen Victoria declares herself Empress of India
1879	Physiologist Wilhelm Wundt founds the first laboratory for "experimental psychology" (Germany)
	Edison invents electric light bulb (United States)
	Association for the Improvement of Public Morals (Britain)
1880	August Weismann proposes the theory of the germ plasm; also disproves Lamarck's theory of inheritance of acquired characteristics (Austria)
	London Committee for Suppressing the Traffic in English Girls
1881	Canadian Pacific Rail construction begins
	The Knights of Labour established ¹²⁰ (Canada)
	United States President James A. Garfield shot by Charles Guiteau on July 2; dies on September 19.
	First Car (Germany)

¹¹⁷ This restricted the hours of operation of public houses ("pubs").

¹¹⁸ This created 'schools' to house and train children under the age of fourteen. The decision to remove children from their homes occurred at the discretion of police. This legislation and the Child Protection Act included clauses authorizing the state to sue parents for child support for children warehoused in government institutions (Peikoff and Brickey 1991:78).

¹¹⁹ The government acknowledges that many children are dying due to chimney sweeping labour (Newth 1967).

¹²⁰ Organized workers agitate against child labour (under the age of fourteen).

	Czar Alexander II assassinated (Russia)
	Electric Chair invented (United States)
1882	Royal Commission on Mills and Factories ¹²¹ (Canada)
1883	Galton coins the term "eugenics" (Britain) G. Stanley Hall establishes first psychology laboratory at Johns Hopkins University (United States) Joseph Howe's <i>Excessive Venery, Masturbation and Countenance</i> provides medical and surgical solutions to sexual deviance (United States) Trades and Labour Congress (Canada) International Telegrapher's strike The White Cross ¹²² Army established (Britain) Frank Hamilton ligates ¹²³ the vas deferens as a medical treatment for masturbation (United States)
1884	Chicago Haymarket Affair, May 1-4; prominent labour organizers of the eight hour workday movement were framed and hanged on November 11th, known as "Black Friday" and May 1 is today celebrated world-wide (United States) Engel's <i>The Origin of the Family, Private Property and the State</i> (Germany) Bruce's Bill of 1872 is amended to include men (Britain) Ferri's <i>Criminal Sociology</i> (Italy) First Factories Act, Ontario ¹²⁴ (Canada) The franchise given to agricultural workers (Britain) Industrial colonization and expropriation of Africa begins
1885	Garafolo's <i>Criminology</i> (Italy) Restriction Act (Chinese immigration law) (Canada) The Woman's Christian Temperance Union established (Canada) Act Respecting Offenses against Public Morals and Public Convenience (Canada) An Act Respecting Immigrants and Immigration (Canada) Act Respecting Offenses against Public Morals and Public Convenience (Canada)
1886	Krafft-Ebing's <i>Psychopathia Sexualis</i> (Germany)

¹²¹ Canadian government admits to too much strain on child-labourers in their tender years.

¹²² The White Cross Army, in close connection with the Church of England, sought to "educate" working class families through propagandizing bourgeois family values (c.f. Hunt 1999:161).

¹²³ Tying, binding, etc.

¹²⁴ This was meant to restrict the work hours of children performing industrial and commercial labour.

	Louis Riel Hanged in Regina for organizing a prairie revolt against the federal (Canada)
1887	Reverend R. Armstrong's <i>Our Duty in Matters of Social Purity: An Address to Young Men</i> (Britain)
1888	Lord's Day of Alliance, City of Ottawa Municipal Law against Sunday Recreation (Canada)
1889	Great Dock Strikes (Britain) Second International formed <i>Reports of the Royal Commission on the Relations of Labour to Capital</i> (Canada) results in Canada's first anti-combines legislation
1890	Wounded Knee Massacre of the Lakota; ¹²⁵ Sitting Bull assassinated (United States) Hasted introduces surgical rubber gloves at Johns Hopkins Hospital (United States)
	London Committee for Suppressing the Traffic in English Girls (Britain)
	William James' <i>Principles of Psychology</i> ; first American psychology textbook
1891	Oscar McCulloch's <i>The Tribe of Ishmael</i> ; family based-study of deviance (United States)
	Primary Education made free and compulsory (Britain)
1892	Lizzie Borden tried and acquitted for the axe murders of her father and stepmother (United States)
	Edward S. Morse condemns congenital criminals and papers as unfit to reproduce (United States)
	American Psychological Association founded
	Philadelphia Law and Order Society (United States)
	New York City Vigilance Society (United States)
1893	Durkheim's <i>Division of Labour in Society</i> (France)
	F. E. Daniels argues sterilization of degenerates is humanitarian (United States)
	The Children's Protection Act (Canada)
	Independent Labour Party established by Keir Hardie (Britain)
	White women in New Zealand given the right to vote
1894	Mining Disaster; 260 workers killed (Britain)
	Reginald Harrison performs vasectomy for reducing enlarged prostate gland (United States)
	The Dreyfus Affair (France)
1895	Lumiere Brothers invent film projector (France)

¹²⁵ The Seventh Calvary was awarded twenty-six Medals of Honor (Peltier 2000:53). According to Brazier, by this time less than 500, 000 remained of the 4, 500, 000 Indigenous peoples who had inhabited North America in 1500 (2001:87).

	Palmer introduces the chiropractic manipulation of joints (Canada)
	Durkheim's <i>Rules of Sociological Method</i> (France)
	Child Protection Act (Canada)
1897	Durkheim's <i>Suicide</i> (France)
1898	Dreser introduces heroin into medicine (Germany)
	Maudsley's <i>Responsibility in Mental Disease</i> (Britain)
	Marie Curie discovers radium (France)
1899	A.J. Oscher urges vasectomies for prison inmates (United States)
	British National Committee for the Suppression of the White Slave Traffic
	Harry Clay Sharp performs first recorded vasectomy to treat masturbation in a Jeffersonville prisoner (United States)
1900	Commonwealth of Australia enforced (Britain)
	Mendel's paper rediscovered
	Conciliation Act ¹²⁶ (Canada)
1901	David Starr Jordan publishes <i>The Blood of Nations</i> extolling eugenics (United States)
1901	Koch postulates that the Bubonic Plague was spread by rats (Germany)
1902	Department of Temperance and Moral Reform, Methodist Church (Canada)
	Formula patented for barbiturates (Germany)
	International Sanitary Bureau established (United States)
1903	The American Breeder's Association is founded
	Anarchist Exclusion Act (United States)
	Royal Commission on Industrial Disputes (Canada)
	Robert Rentoul proposes sterilization of the unfit by vasectomy (Britain)
	Ford Motor Company incorporated; Ford's first Model "T" automobile (United States)
1904	German Society for Racial Hygiene founded
1905	Mary Whiton Calkins becomes president of the American Psychological Association
	Binet and Simon invent intelligence test (France)
	Industrial Workers of the World is established (United States)
	Bordet and Gengou identify whooping-cough bacillus (Belgium)
1906	Ivan Pavlov publishes his treatise on operant conditioning
	Prime Minister Wilfred Laurier announces Act Respecting the Lord's Day (Canada)
1907	Ford creates company "Sociology Department" (United States)
	Indiana passes first state compulsory sterilization law (United States)
	Anti-Asiatic riots in Vancouver (Canada)
	Harry Sharp sterilizes by vasectomy 200 to 500 young men (United States)

¹²⁶ Legislation aimed at quelling labour unrest.

1908	The Opium Act ¹²⁷ (Canada) Patent and Proprietary Medicine Act (Canada) Margaret Floy Washburn, first woman to receive a Ph.D. in psychology (United States)
1909	Nicolle demonstrates that body lice spread typhus (Tunisia) Moral and Social Reform Committee (Canada)
1910	Eugenics Record Office established with Davenport as director and Henry H. Laughlin, one of the leaders of the eugenic sterilization movement, as its superintendent. (United States) Wilson's <i>Unfinished Man: A Scientific Analysis of the Psychopath or Human Degenerate</i> (Britain) Workers' Compensation (Canada)
1911	Mexican Revolution begins Chicago Vice Committee established (United States) Taylor's <i>Principles of Scientific Management</i> Bleuler coins the term 'schizophrenia' (Switzerland) Terman creates "Intelligence Quotient" at Stanford University; known today as the Stanford-Binet (United States)
1913	The Mental Deficiency Act (Britain)
1914	Sanger begins magazine publication <i>The Woman Rebel</i>
1914-19	First World War
1916	Easter Rising (Ireland)
1917	Russian Revolution
1918	Alien Exclusion Act (United States)
1919	Winnipeg General Strike (Canada) Communist International Luxemburg and Liebnecht assassinated (Berlin) Treaty of Versailles (France) King's <i>Industry and Humanity</i> (Canada)
1920	Association for Moral and Social Hygiene (Canada) The Royal North West Mounted Police amalgamates with the Dominion police forming the Royal Canadian Mounted Police (RCMP) First radio broadcasts take place

¹²⁷ A result of Deputy Minister of Labour, William Lyon MacKenzie King's report entitled *The Need for the Suppression of the Opium Traffic in Canada*.

APPENDIX 2 Chronology of Medical Publications on
Moral Insanity by Year, 1833-1913

1833

Prichard, James. "Insanity" in J. Forbes, A. Tweedie and J. Connolly (eds) *The Cyclopaedia of Practical Medicine*, Volume 2. London: Sherwood.

1835

Prichard, James. *A Treatise on Insanity and other Disorders Affecting the Mind*. London: Merchant.

1838

Woodward¹²⁸. "Moral Insanity." *Boston Medical and Surgical Journal*, March 28, 18:8, 124-6.

1840

Pagan, J.M.. *The Medical Jurisprudence of Insanity*. London: Ball and Arnold.

1842

Prichard, James. *On the Different Forms of Insanity in Relation to Jurisprudence*. London: Hippolyte Balliere.

1844

1. Prichard, James. "Observations on the Connexions of Insanity with Diseases in the Organs of Physical Life." *Provincial Medical and Surgical Journal*, 7, 323-4.

2. Wigan, A.L.. *A New View of Insanity. The Duality of the Mind Proved by the Structure, Functions, and Diseases of the Brain, and Via the Phenomenon of Mental Derangement, and Shewn to Be Essential to Moral Responsibility*. London: Longman, Brown, Green, and Longman's.

3. Ray, Isaac. *A Treatise on the Medical Jurisprudence of Insanity*. Second Edition. Boston: W. D. Ticknor.

4. Woodward. "Moral Insanity." *Boston Medical and Surgical Journal*, April 17, 30:11, 248.

1846

Robertson. "A Case of Moral Insanity Caused by a Depression of the Skull Cured by Operation." *The Northern Journal of Medicine*, 4, 271-2.

1847

1. Milligen, J.G. *Mind and Matter; Illustrated by Considerations on Hereditary Insanity*. London: H. Hurst.

2. Von Feuchtersleben, Ernst. *The Principles of Medical Psychology: Being the Outlines of a Course of Lectures*. Translated by H.E. Lloyd. London: The Sydenham Society.

1848

Rolfe, Baron. "Insanity as Distinguished from Moral Mania." *The Lancet*, 1, 49.

1850

Anonymous. "The Relations of Religion to What Are Called Diseases of the Mind." *Princeton Review*, January, 22:1, 1-41.

¹²⁸ First name or initial unavailable.

1851

Anonymous. "Moral Insanity." *Boston Medical and Surgical Journal*, May, 44:14, 285.

1853

Mayo, Thomas. *Medical Testimony and Evidence in Cases of Lunacy: Being the Croonian Lectures Delivered before the Royal College of Physicians*. West Strand: John W. Parker and Son.

1854

Gray, John P. "Moral Insanity." *American Journal of Insanity*, 14:4, April, 311-22.

1855

1. Noble, Daniel. *Elements of Psychological Medicine*. 2d ed. London: Churchill.
2. Anonymous. "Moral Insanity - Dr. Mayo's Croonian Lectures." *Fraser's Magazine*, March, 51:303, 245-59.

1856

Tuke, Daniel Hack. "On the Various Forms of Mental Disorder." *The Asylum Journal of Mental Science*, 18, July, 445-66.

1857

1. Gilman, Chandler. *A Medico-Legal Examination of the Case of Charles B. Huntington with Remarks on Moral Insanity and on the Legal Test of Insanity*. New York: Baker and Godwin.
2. Morel, B.A. 1857. *Traits des Degenerescence Physiques, Intellectuelles st Morales de l'Espece Humaine*. Paris:J.B. Bailliere.
3. Kitching, John. 1857a. "Lecture on Moral Insanity." *British Medical Journal*, April 25, 334-6.
4. Kitching, John. 1857b. "Lecture on Moral Insanity." *British Medical Journal*, May 9, 389-91.
5. Kitching, John. 1857c. "Lecture on Moral Insanity." *British Medical Journal*, May 30, 453-6.
6. Kitching, John. 1857d. *The Principles of Moral Insanity, Familiarly Explained in a Lecture*. York: Simpson.
7. Landor, H. "Cases of Moral Insanity." *British Medical Journal*, 26, June, 27.
8. Anonymous. "Moral Insanity." *Princeton Review*, 29:3, 345-75.

1858

1. Bucknill, John C. and Daniel H. Tuke. *A Manual of Psychological Medicine*. Philadelphia: Blanchard and Lea.
2. Skae, David. "Remarks on the Form of Moral Insanity Called Dipsomania and the Legality of Its Treatment by Isolation." *Edinburgh Medical Journal*, 3: 9, March, 769-83.

1862

Parigot, J. *Moral Insanity in Relation to Criminal Acts*. New York: Hall, Clayton & Medole.

1863

1. Gairdner, W.T. "Case of Moral Insanity." *Journal of Mental Science*, 8, 590-3.
2. Millar, John. "On a Case of Moral Insanity in a Child." *The Lancet*, 1, 467-9.

3. Ray, Isaac. "Mental Hygiene." *American Journal of Insanity*, January, 338-48.
4. Workman, Joseph. "Case of Moral Mania?" *American Journal of Insanity*, April, 406-16.
- 1864
- Hayes, Stanley. "Clinical Cases Illustrative of Moral Imbecility and Insanity." *Journal of Mental Science*, 10, 533-49.
- 1865
- Anonymous. "Moral Insanity." *American Journal of Insanity*, 22, 133-7.
- 1867
1. Falret, Jules. "On Moral Insanity." *American Journal of Insanity*, 23, January, 407-24, 516-46.
2. Maudsley, Henry. 1867. *The Physiology and Pathology of Mind*. London: MacMillan.
3. Falret, Jules. "On Moral Insanity." *American Journal of Insanity*, 24, July, 52-64.
- 1868
- Maudsley, Henry. "Illustrations of a Variety of Insanity." *Journal of Mental Science*, 14, 149-62.
- 1870
- Thomson, J. Bruce. "The Psychology of Criminals." *Journal of Mental Science*, October, 321-49.
- 1872
- McFarlan, Fletcher. *Moral Insanity and Transient Mania, Including Their Medico-Legal Relations*. Jacksonville: Daily Journal.
- 1873
1. Maudsley, Henry. *Body and Will*. New York: Appleton.
2. Ray Isaac. "Moral Insanity" in *Contributions in Mental Pathology*. Intro. J.M. Quen. New York: Scholar's Facsimile & Reprints.
3. Ordrouraux, John. "Moral Insanity." *American Journal of Insanity*, 29, 313-40.
- 1877
1. Gauster, Moritz. *Ueber Moralischen Irrsinn*. Vienna: Urban.
2. Campbell, Colin. "A Case of Moral Insanity." *Journal of Mental Science*, April, 33, 74-81.
3. Bannister, H.M.. "Moral Insanity." *Journal of Nervous and Mental Disease*, 4:4, October, 645- 668.
- 1878
- Gouster, M. "Moral Insanity." *Revue Des Sciences Médical*, 5, 181-2.
- 1879
1. Baudry, J.K.. "Emotional Insanity." *The Saint Louis Medical and Surgical Journal*, 36:4, 259-84.
2. Krafft-Ebing, R. von. 'Moral Insanity.' The Textbook of Insanity Based upon Clinical Observations. New York: Gryphon, 79-117.
- 1880
1. Clark, Daniel. *Heredity, Worry & Intemperance as Causes of Insanity*. Toronto: C.B. Robinson.
2. Gasquet, M.B. "Moral Insanity, Italian Retrospect." *Journal of Mental Science*, 26,

- January,
632-6.
3. Gernhardt, Julius. *Beitrag zur Lehre der Moral Insanity*. Marburg: R. Friedrich
1881
 1. Hughes, Charles Hamilton. "Moral Insanity." *Journal of Mental Science*, 27, October, 475-6.
 2. Jelly, George. 1881. "Moral Insanity." *Boston Medical and Surgical Journal*, 105:24, 560-5.
 3. Hughes, Charles Hamilton. "Moral Insanity, Depravity, and the Hypothetical Case." *The Alienist and Neurologist*, 2, 13-19.
 4. Richardson, M.H. "Proceedings of the Boston Society for Medical Observation." *Boston Medical and Surgical Journal*, 105:24, 571-2.
 5. Savage, George. "Moral Insanity." *The Journal of Mental Science*, 27:118, 147-155.
1882
 1. Hughes, Charles Hamilton. "Moral (Affective) Insanity: A Plea For its Retention in Medical Nomenclature." *Journal of Psychological Medicine and Pathology*, 8, 64-74.
 2. Gasquet, M.B. "On Moral Insanity." *Journal of Mental Science*, 121:28, April, 1-6.
 3. Anonymous. "Moral Insanity and Imbecility." *Journal of Nervous and Mental Disease*, 9, 645-50.
 4. Hughes, Charles Hamilton. "A Case of Moral Insanity." *The Alienist and Neurologist*, 3, 517-23.
 5. Manning, John. "Moral Insanity, case of Homicidal Mania." *Journal of Mental Science*, 28, 369-72.
 6. Nelson, E.M. "Idiocy and Imbecility, Insanity in an Infant, Moral Insanity." *The Alienist and Neurologist*, 3, 434-9.
 7. Wright, T.L. "The Physical Basis of Moral Insanity Viewed in Relation to Alcoholic Impressions." *Alienist and Neurologist*, 4, 542-50.
 - 1883
 1. Manley, John. "Commentary on some Cases of Moral Insanity." *Journal of Mental Science*, 28, January, 531-2.
 2. Workman, Joseph. 1883. "Moral Insanity - What is it?" *American Journal of Insanity*, 39, 334-48.
 3. Hay, Walter. "Moral Insanity." *Journal of American Medical Association*, October 27, 482-6.
 4. Elwell, J.J. "Guiteau - A Case of Alleged Moral Insanity." *Alienist and Neurologist*, 4:4, October, 621-45.
 5. Goldsmith, W.B. "A Case of Moral Insanity." *American Journal of Insanity*, October, 162-77.
 - 1884
 1. Kiernan, J. "Moral Insanity - What is it?" *The Journal of Nervous and Mental Disease*, 11:4, 549-75.
 2. British Medical Association, Meeting at Belfast, July and August.. "Proceedings." The

- Journal of Mental Science*, 31, 1885, 284-6.
- 1885
1. Hughes, Charles Hamilton. "A Case of Psycho-Sensory (Affective or Moral) Insanity."
 2. Tuke, Daniel Hack. "Case of Moral Insanity or Congenital Moral Defect, with Commentary." *The Journal of Mental Science*, July, 360-6.
- 1886
1. Kiernan, J. "Clinical Cases: A Moral Imbecile." *Journal of Nervous and Mental Diseases*, 13, 168-9.
 2. Clark, C.K. "Clinical Cases. The Case of William B. - Moral Imbecility." *American Journal of Insanity*, 43, July, 83-103.
 3. Maudsley, Henry. *The Pathology of Mind*. Third Edition. London: MacMillan.
- 1887
1. Kerlin, L.N. "Moral Imbecility." *Journal of Nervous and Mental Disease*, 14, 395-404.
 2. Lloyd, James Hendrie. "Moral Insanity: A Plea for a More Exact Cerebral Pathology." *Journal of Nervous and Mental Diseases*, 13, 669-86.
- 1888
- Italian Phrenetic Society. "Moral Insanity." *The Alienist and Neurologist*, trans. by Joseph Workman. July, 1-41.
- 1890
- Richardson, A.B. "Perversions of the Moral Sense of Insanity." *American Journal of Insanity*, 46, 363-9.
- 1891
1. Anonymous. "Discussion of the Section of Psychology, at the Meeting of the British Medical Association, Queen's University, Belfast, July 1884" *D.H. Tuke Prichard and Symonds in Especial Relation to Mental Science, with Chapters on Moral Insanity*. London: J. A Churchill, 97-100.
 2. Anonymous. "Discussion of the Annual Meeting of the Medico-Psychological Association," Held at Queen's College, Cork, 1885 in *D.H. Tuke Prichard and Symonds in Especial Relation to Mental Science, with Chapters on Moral Insanity*. London: J. A Churchill, 112-116.
 3. Anonymous. "Moral Insanity." *British Medical Journal*, September 19, 652-3.
 4. Tuke, Daniel Hack. "Moral Insanity" in *D.H. Tuke Prichard and Symonds in Especial Relation to Mental Science, with Chapters on Moral Insanity*. London: J. A Churchill, 65-97.
- 1892
- Tuke, Daniel Hack "Moral Insanity" in D.H. Tuke (ed.) *A Dictionary of Psychological Medicine*. Volume II. Philadelphia: P. Blakiston, 813-16.
- 1894
- Benedikt, Moritz. "On Moral Insanity and its Relation to Criminology." *Journal of Mental Science*, 40, October, 591-597.
- 1895
1. Barr, Martin W.. "Moral Paranoia." *The Alienist and Neurologist*, 16, 272-84.
 2. Gorton, Eliot. "A Case of Moral Insanity." *American Journal of Insanity*, 52, October,

- 199-206.
3. Clark, Daniel. *Mental Diseases: A Synopsis of Twelve Lectures*. Toronto: William Briggs.
- 1896
1. Havelock, Ellis. "Moral Insanity." *Journal of Mental Science*, 42, October, 852-3.
 2. Nacke, Paul. *Weiteres zum Capitel der Moral Insanity*. Leipzig: Veit.
- 1897
- Hughes, Charles Hamilton. "Imperative Conceptions." *The Alienist and Neurologist*, 18, 43-7.
- 1898
1. Maudsley, Henry. *Responsibility in Mental Disease*. D. Appleton and Company.
 2. Talbot, Eugene S. *Degeneracy: Its Causes, Signs, and Results*. New York: Garland Publishing.
- 1899
- Nacke, Paul. *Kritisches Zur Lehre Der 'Moral Insanity'*. Halle: C. Marhold.
- 1904
- Stedman, Henry. "A Case of Moral Insanity with Repeated Homicides and Incendiarism and Late Development of Delusions." *American Journal of Insanity*, 61, 275-97.
- 1906
- Anonymous. "Inebriety After a Form of Moral Insanity." *New York Medical Journal*, 83, 573.
- 1910
- Anton, G. "Moral Insanity in Children." *Journal of American Medical Association*, 54, 1014.
- 1911
- MacPhail, H.D. "A Case of Moral Insanity with Pyromania." *Journal of Mental Science*, 57, 124.
- 1913
- Steen, R.H. "Moral Insanity." *Journal of Mental Science*, 59, 478-86.

APPENDIX 3: Nineteenth Century Medical Periodicals

The Alienist and Neurologist (established in 1857)
American Journal of Insanity (established in 1844)
The Asylum Journal of Mental Science (established in 1855)
Boston Medical and Surgical Journal (circulating by 1838)
British Medical Journal (established in 1884)
Edinburgh Medical Journal (established in 1855)
Journal of American Medical Association (circulating by 1883)
The Journal of Mental Science (established in 1857)
The Journal of Nervous and Mental Disease (established in 1874)
Journal of Psychological Medicine and Pathology (circulating by 1882)
The Lancet (circulating by 1848)
Medical Record (established in 1866)
New York Medical Journal (circulating by 1867)
The Northern Journal of Medicine (circulating by 1846)
Princeton Review (circulating by 1850)
Provincial Medical and Surgical Journal (circulating by 1844)
The Saint Louis Medical and Surgical Journal (circulating 1879)

APPENDIX 4 Durham Miners Anti-Scab Song, 1880s¹²⁹

*Oh every evening after dark,
The blackleg miners creep to work,
With corduroys and a coaly shirt,
The dirty blackleg miners.*

*They take their picks and down they go,
To dig the coal that lies below.
And there isn't a woman in all the town
Would look at a blackleg miner.*

*So join the union while you may,
Don't wait until your dying day,
For that may not be far away,
You dirty blackleg miner*

APPENDIX 5 The Wearing of the Green, 1860s¹³⁰

*Oh Paddy dear, and did you hear
The news that's going round?
The shamrock is forbidden by law
To grow on Irish ground
St. Patrick's Day no more we'll keep
His colours can't be seen.
For there's a cruel law against
The wearing of the green.*

*I met with Napper Tandy,
And he took me by the hand.
Says he, "how's poor old Ireland,
And how does she stand?"
She's the most distressful country,
That you have ever seen.
They're hanging men and women there,
For wearing of the green.*

¹²⁹ Cited in Newth (1967:108).

¹³⁰ Cited in Newth (1967:124).

APPENDIX 6: The Red and the Black by Alfred Artega (2003)

The violent act, the violent event, is a bodily occurrence. It is the sharp flash against flesh, and it is the blood-colored response. The red act is a rape, the tearing of genitals and the bruising of forced arms and chocked neck. The red event is the head aflame in a state-sanctioned execution. The spilling of human blood is the fact of violence, and in those instances where it is not spilled, it nevertheless remains as the flow of life barely kept from the blows of beating by the thinness of human skin. Because our lives are metered out in the flow of blood every moment, its appearance, its color, accompany attacks on our lives. Violence, act and event, is red.

In the painful act of violence, in the stab and gunshot, and in the terrible event, in the massacre of bound prisoners of war, the flash of human red is more than a sign of violence: it is, in fact, violence incarnate. This is to say that the slash, the chokehold, and the beating of police batons are enacted in the disruption of the life flow. Violence is not apart from blood, but rather the hot articulation of it. It is a blood act; it is a red event. It is the red of death and the push toward death.

In the essays on violence - as in its epithets as well - we call on language to invoke the memory and image of the blood act and red event. For it is by use of signs that we conjure up violence after the fact. For the survivors of bloodletting, words can evoke the memories, almost like echoes, reverberating still in the tremble of the flesh. For others who are not the victims language can call images of blood to mind. Whether by analog memory or metaphor image, the linguistic act and vent brings red to the fore.

To do so, we employ black black graphemes on the otherwise blank. Through the black alphabet and black typeface, we call to mind the attacks on the body. Black serves to articulate the memory and image of unspeakable acts and events. The disruption of blood is enacted in the black analogue of ink and the digital black metaphor of pixel. It is by absence of light and color that we denote violence. On the fields of all color, the white of the page and screen, absence-shaped graphemes spell out pain, torture, killing.

For human gray matter, black is the link to red. It is true that the grapheme of absence is the means to recall act and event after the fact, that language transfers violence to us, but what of violence actually transfers? Does the violent impulse transfer, does it echo, does the shudder of split flesh? In other words, is the transfer a vital one, one by which the heat of act and event is conducted after the fact? Or is the transfer an image that recreates the body's red experience? Or is the transfer a creation anew?

The red of the body is real. Real bloodletting is real life spilled. And perhaps the black text is mimesis, absent of violence, or perhaps itself a violence. After the red fact of life cut into, language cuts consciousness by its absence, by its severance from blood and red. The linguistic act and event bring violence to mind, question the violence of thought after the fact. Absent text ascribes meaning to the shedding of red, but perhaps it is a meaning not linked to act, just as, conversely, perhaps the red act occurs, devoid of meaning.

Are the words presented before you violent? Do the sentences invoke killing, rape? Literally, they do not. And yet while the red moments of electrocution may pass in little real time, its memory and story and meaning last as long as articulated from the black graphemes. After the fact, facts are remembered, recounted, and rendered meaningful.

For the Aztecs and Mexican natives, red and black were both the colors of writing and existence itself. One vision held that human life was merely played out in the writing of the gods, that we were so much the absent grapheme if without divine articulation. The red and the black signified knowledge, for it is through writing that we know the awful truths of being human.