1 Introduction

Mental Disorder and the Modern Prison in England and Ireland, 1840–1900

> Now regarding the prisoner as a moral patient, the paramount object is to render him as amenable as possible to the reformatory process…. The isolation that depresses the animal nature of the prisoner, and lowers the whole tone of the nervous system, produces a corresponding effect upon the mind…. In consequence of the lowering of the vital energies, the brain becomes more feeble, and, therefore, more susceptible. The chaplain can then make the brawny navvy in the cell cry like a child; he can work on his feelings in almost any way he pleases; he can, so to speak, photograph his own thoughts, wishes, and opinions, on his patient's mind, and fill his mouth with his own phrases and language.[1]

Referring to his close observations of the convict system in England and Ireland and of prisoners undergoing the solitary system of separate confinement, Reverend W.L. Clay highlighted the anticipated, and desired for, impact of cellular isolation: to break down and then re-form the minds of prisoners or, as he put it, 'patients'. The discipline of separate confinement dominated English and Irish prison regimes from the mid-nineteenth century to the early part of the twentieth. The reformers who supported its uptake, not least Clay's father, Reverend John Clay, chaplain at Preston Gaol, underlined its potential to produce deep-seated redemption among prisoners. John Clay collected detailed evidence demonstrating the success of the regime in the form of notes based on his conversations with prisoners, revealing how the process of redemption was shaped – or, perhaps more precisely, manipulated – by the ministrations of the chaplain in the cell.[2] This disturbing quotation also starkly illuminates the risks of this strategy for the mental wellbeing of the many deeply vulnerable and isolated people confined in prison.

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[1] Reverend W.L. Clay, *Our Convict Systems* (Cambridge: Macmillan and Co., 1862), pp. 43–4.
[2] John Clay's son, Walter, published the biography *The Prison Chaplain: A Memoir of the Reverend John Clay* (Cambridge: Macmillan, 1861) after his father's death in 1858.

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The prisoners who were the subjects of separate confinement provided very different but equally disturbing interpretations of cellular isolation, referring to it as a form of torture designed to undermine the will and weaken the faculties that for many resulted in complete mental breakdown. Convict E.F., who served time in Mountjoy Convict Prison, Dublin in the 1870s, claimed to have borne witness to the terrible effects of separate confinement. Among his fellow convicts, held in separation, were 'cases of violent insanity, for days and nights men had to be strapped down and strait jacketed and others refused to take food for weeks and had to be pumped'.[3] 'No one', declared Florence Maybrick, describing her fifteen-year prison sentence in Liverpool, Woking and Aylesbury prisons, 'can realize the horror of solitary confinement who has not experienced it … the voiceless solitude, the hopeless monotony, the long vista of tomorrow, tomorrow, tomorrow, stretching before her, all filled with desolation and despair.' 'The torture of continually enforced silence', she concluded, 'is known to produce insanity or nervous breakdown more than any other feature connected with prison discipline.'[4]

This book explores how, from the creation of the modern prison system in the mid-nineteenth century, prisons have stood accused of both producing and exacerbating mental despair and illness, their regimes functioning as detonators for pre-existing mental health problems, and their emphasis on enforcing discipline and punishment destroying the minds of prisoners and obstructing efforts to ameliorate conditions and to care for and treat those showing signs of mental breakdown.[5] From the era of Charles Dickens, who castigated prison reformers for introducing the cruel and mentally taxing system of separate confinement in the 1840s, through to that of Oscar Wilde, who experienced the discipline of the separate system firsthand towards the end of the century, the prison has been subject to continuous criticism for making its inmates mad and for doing very little to address this issue.[6] In the nineteenth century the prison became and remained a place where

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[3] Royal Commission into Penal Servitude Acts, Minutes of Evidence [Kimberley Commission] (1878–79) [C.2368] [C.2368–I] [C.2368–II], p. 829.

[4] Florence Elizabeth Maybrick, *Mrs. Maybrick's Own Story: My Fifteen Lost Years* (New York and London: Funk & Wagnalls, 1905), pp. 68, 74–5, 81.

[5] Mary Gibson has argued that dating the emergence of the 'modern prison' to the early and mid-nineteenth century is accurate only for the Western/Anglo world: Mary Gibson, 'Global Perspectives on the Birth of the Prison', *American Historical Review*, 116:4 (2011), 1040–63.

[6] Charles Dickens, *American Notes for General Circulation, Vol. 1* (London: Chapman and Hall, 1842; with an Introduction and Notes by Patricia Ingham, London: Penguin Classics, 2002), pp. 111–24; Oscar Wilde, *Oscar Wilde: The Soul of Man and Prison*

the mentally disordered were incarcerated and retained in significant numbers in spite of their deteriorating mental health, a situation that endures today.[7]

This is the first historical study to offer a sustained and detailed exploration of the closely intertwined relationship between the modern prison and mental breakdown. It focuses on the 1840s, when the separate system was first introduced to Britain and Ireland, to the end of the nineteenth century when it was finally acknowledged, notably with the publication of the Gladstone Report in 1895, that prisons might have a detrimental effect on prisoners' mental health, initiating the slow and halting dismantling of this system. Drawing on a wide range of archival and official sources, and the accounts of prison administrators, reformers, prison doctors and prisoners, our book investigates the ways in which the English and Irish prison authorities attempted to mask, subdue and manage the high rates of mental illness that manifested themselves in their prisons. It seeks to understand the motivations of prison officers eager to disclaim the impact of prisons in causing mental breakdown, while at the same time attempting to deal with ever-increasing rates of insanity that confounded the order and discipline of the prison. As prison doctors spent more time dealing with mentally ill prisoners, our book argues that they positioned themselves increasingly as specialists in managing insanity in the particular setting of the prison, dealing with the distinct category of prisoner patients, creating new taxonomies and ways of describing mental illness, devoting themselves to the task of distinguishing real from feigned insanity, and authorising transfers of mentally disordered offenders within the prison estate or to criminal lunatic or public asylums.

In taking an approach that has investigated underutilised English and Irish prison archives in conjunction with official publications and reports and medical literature, our analysis, rather than reprising their

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Writings, edited with an Introduction by Isobel Murray (Oxford: Oxford University Press, 1990).

[7] See, for example, Tony Seddon, *Punishment and Madness: Governing Prisoners with Mental Health Problems* (Abingdon: Routledge-Cavendish, 2007), which, while providing a brief historical overview, focuses largely on the relationship between the prison and mental illness between 1980 and 2005. There have been numerous inquiries into mental health in prisons in England and Ireland, including *The Bradley Report: Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System* (London: Department of Health, 2009); Sharon Shalev and Kimmett Edgar, *Deep Custody: Segregation Units and Close Supervision Centres in England and Wales* (London: Prison Reform Trust, 2015); Michael Reilly, *Healthcare in Irish Prisons* (Nenagh: Inspector of Prisons, 2016); Agnieszka Martynowicz and Linda Moore, *Behind the Door: Solitary Confinement in the Irish Penal System* (Dublin: Irish Penal Reform Trust, 2018).

arguments, puts to an empirical test the conclusions of influential studies of the prison, particularly those of Michel Foucault, Michael Ignatieff and David Garland.[8] These authors have emphasised the imposition of penal power in nineteenth-century prisons and the ways in which new categories were produced in prisons through the discourses of the locally powerful. As psychiatry and medicine expanded their influence beyond nineteenth-century lunatic asylums, prisons became sites of intervention and 'mental disorders provided ways of constructing social deviance', blurring 'the lines between … medicine and … the jurisdiction of other authoritative bodies'.[9] Our evidence has highlighted the complex exercises of authority and decision-making within prisons, for example between chaplains and prison medical officers, key brokers in gauging and responding to mental illness, or between prison officials and local magistrates, who had an enduring influence in shaping the destinations of mentally disordered offenders. Exploring transfers between prisons and asylums, we ask how far these were prompted by law, pragmatism and the desire for effective prison management, as well as the assertion of professional authority and knowledge.

A study encompassing England and Ireland has offered rich opportunities for comparison. The Irish prison system was an expression of colonial power, and prison administrators were actors in the colonial apparatus answerable to the British administration in Dublin Castle. While sharing ideologies and similar systems of governance and administration, there was much variation in terms of implementation and interpretation in the two countries, notably in the way the separate system was adapted for Irish prisons. In the early 1860s the graduated marks system introduced by the Chairman of the newly established Directors of Convict Prisons, Sir Walter Crofton, made Ireland a model of penal management, and was pointed to for its impact in reducing crime, for its cheapness and for being '*curatively* deterrent and reformatory' in

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[8] Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated from the French by Alan Sheridan (London: Allen Lane, 1977); Michael Ignatieff, *A Just Measure of Pain: The Penitentiary in the Industrial Revolution 1750–1850* (New York: Pantheon Books, 1978); David Garland, *Punishment and Modern Society: A Study in Social Theory* (Oxford: Clarendon, 1990).

[9] Jean Daniel Jacob, Amélie Perron and Dave Holmes (eds), *Power and the Psychiatric Apparatus: Repression, Transformation and Assistance* (London and New York: Routledge, 2014), p. 5. We have consciously used the terms 'psychiatry' and 'psychiatrist' as useful in describing the emergence of a distinct form of specialism focusing on the management and treatment of mental disorder in the second half of the nineteenth century, though prison medical officers might also refer in their publications to their engagement with medical psychology or morbid psychology.

contrast to England.[10] A comparison of the two countries provides opportunities for understanding how particular orders and regulations concerning prison administration, alongside penal philosophies and psychiatric theories, were reinterpreted and adjusted as they crossed the Irish Sea, and also significantly expands the scope to investigate a variety of prison contexts. Prison reformers, prison chaplains and doctors, magistrates, penologists and prison administrators, including Crofton, moved back and forth between England and Ireland, visiting and critiquing prisons. They went on to exchange ideas and theories in their publications and official reports and through such organisations as the Association for the Improvement of Prisons and Prison Discipline in Ireland, the Evangelical Society for the Improvement of Prison Discipline and the Reformation of Juvenile Offenders, the Social Science Association and the Howard Association, prompting debates on the impact of prison regimes on mental health, and the finer points of management in mitigating the negative effects of prison discipline on the mind. Those in a position to compare the two prison systems, like land reformer and Fenian Michael Davitt, argued that treatment in Irish prisons was more humane and less likely to produce insanity than English prisons. Our book also focuses on a period of significant legislative change across the two prison estates, which repeatedly saw adaptations in nomenclature and usage at different moments. For example, with the implementation of the English Prison Act of 1865, the term 'gaol' was replaced with 'prison' to denote local institutions, yet the older nomenclature continued to be widely used. Consequently we adhered to the labels found in our source material, which at times might be inconsistent with the official terminology.

While our book is not based on a case study approach, we draw extensively on the records of individual prisons, local and convict, that provide rich examples of their landmark status in introducing the system of separate confinement; the impact of particular prison officers, chaplains or doctors and the ways they interpreted prison policies; and the local conditions within which they operated. This approach has provided us with the opportunity to draw on a wealth of individual prison archives and evidence about how prison officials and doctors dealt with mental illness in a variety of prison settings, urban and rural, large and small, convict and local, male and female. Special provisions were devised for

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[10] This inspired Wakefield Prison, for example, to adopt elements of the Irish system in 1861: Edward Balme Wheatley, *Observations on the Treatment of Convicts in Ireland with Some Remarks on the Same in England by Four Visiting Justices of the West Riding Prison at Wakefield* (London: Simpkin, Marshall and Co., 1862), pp. 124–5.

female prisoners that reduced the term they spent in separate confinement, given claims that they were poorly equipped to cope with long periods in isolation. Women were depicted as being particularly volatile and irrational in their conduct. As explored in Chapters 3 and 4, Liverpool Borough Prison was notable for receiving many Irish prisoners, and it also housed what was said to be the largest female prison population in Europe by the late nineteenth century.[11]

Taking as our sources not only the wealth of official reports, which provide rich and voluminous information on the viewpoints of prison administrators, inquiries into the discipline and running of prisons, the evidence and facts and figures on the rate of mental illness and the treatment and destinations of the mentally ill, the archives of individual prisons also offer important evidence. These are scattered, often scanty, and varied in form and content (notably between England and Ireland), and they include minute books and prison journals, reports, character and punishment books, prisoners' files, correspondence between prison officers and prison administrators and letter books.[12] Collectively, despite the fragmented status of the archival sources and variation in terms of what has survived, they provide us with new insights into the levels of mental illness in prison; official accounts tended to downplay rates of mental disorder, while prison archives provide detail on the impact of mentally disturbed prisoners on a day-to-day basis. They uncover great variation in the implementation of official policy and directives and in terms of the impact of individual prison medical officers on the management and treatment of prisoners. They also reveal individual stories of prisoners' mental breakdown and how it was dealt with, movements of prisoners within and between institutions, prisoners' efforts to feign mental illness and the attempts of prison doctors to detect this, alarm at prisoners' suicide attempts, and, in a small number of cases, the discharge of prisoners on medical grounds. Where possible, we have also drawn on asylum casebooks and reports to track the institutional careers of individuals removed to public and criminal asylums. Alongside archival material, the book draws on a diversity of print sources, the accounts and memoirs of prison chaplains, governors and prison doctors, as well

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[11] For Liverpool Borough Prison, see Catherine Cox and Hilary Marland, '"Unfit for Reform or Punishment": Mental Disorder and Discipline in Liverpool Borough Prison in the Late Nineteenth Century', *Social History*, 44:2 (2019), 173–201.

[12] For Ireland, individual prisoners' stories can also be accessed using Convict Reference Files and other individual penal files. See Elaine Farrell, *Women, Crime and Punishment in Ireland: Life in the Nineteenth-Century Convict Prison* (Cambridge: Cambridge University Press, 2020), pp. 26–8; Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820–1900* (Manchester: Manchester University Press, 2012), pp. 97–132.

as a rich medical journal literature. By the late nineteenth century, prison doctors had begun to publish extensively on their work in prison medicine and psychiatry in leading medical journals, most notably for our purposes in the *Journal of Mental Science*, the premier journal for mental science and psychiatry in the late nineteenth century, setting out their distinctive approaches to practice and their thoughts on the criminal mind and on mental disorder in prison, their unique ways of describing and classifying mental illness in the context of the prison, and advancing their claims as a specialist group.

While the vast majority of prison archives prioritise prison officials and administrators, our study additionally draws on the various critics of the prison system, many of them ex-prisoners, who described its devastating impact on mental health. Dickens, Maybrick, Davitt and Wilde have already been referred to, and alongside these were the works of prison reformers such as Mary Gordon and W.D. Morrison, and a wealth of other prison memoirs, including those of political prisoners, produced mainly after the 1860s.[13] These appeared in book form, but also in pamphlets, periodicals and the press, and provide rich insights into prison practices, what it was like to be in prison, and the plight and management of the mentally ill. In the final decades of the nineteenth century, these accounts, penned largely by educated, middle-class prisoners, also helped shape changes in prison policy.[14] The Victorian public, concerned about the expanding prison population and increased rates of crime and recidivism, had a vested interest in the way that prisons were run, and many were concerned with the treatment of prisoners themselves. Towards the end of our period, reform organisations began to make their impact felt, and their records, reflecting on both English and Irish prisons, form a further rich resource for this study.

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[13] William Douglas Morrison, 'Are Our Prisons a Failure?', *The Fortnightly Review*, 55:328 (Apr. 1894), 459–69; Mary Gordon, *Penal Discipline* (London: Routledge, 1922). Among many influential prison memoirs are One Who Has Endured It, *Five Years of Penal Servitude* (London: Richard Bentley & Son, 1878); One Who Has Tried Them, *Her Majesty's Prisons: Their Effects and Defects*, vols 1 and 2 (London: Sampson Low, Marsten, Searle & Rivington, 1881); W.B.N., *Penal Servitude* (London: William Heinemann, 1903); Jeremiah O'Donovan Rossa, *Six Years in Six English Prisons* (New York: P.J. Kennedy, 1874). See also Sean T. O'Brien, 'The Prison Writing of Michael Davitt', *New Hibernia Review*, 14:3 (2010), 16–32.

[14] For overviews of prison memoirs, see Philip Priestley, *Victorian Prison Lives: English Prison Biography, 1830–1914* (London: Pimlico, 1985); Sarah Anderson and John Pratt, 'Prisoner Memoirs and Their Role in Prison History', in Helen Johnston (ed.), *Punishment and Control in Historical Perspective* (Houndmills: Palgrave Macmillan, 2008), pp. 179–98.

Institutions of Confinement

Despite the long-standing association of prisons with the deteriorating mental health of their inmates, there has been little historical work on this subject. Criminologists and historians of crime and prisons have produced an impressive scholarship examining nineteenth-century prisons and prisoners, though this is chiefly in the context of England. Irish prisons, despite a number of important contributions, have had less coverage, especially with regard to late nineteenth-century Irish penal policy.[15] Histories of the convict system and transportation in both contexts, the colonial character of the Irish convict system, women in prison and political prisoners have engaged little with matters of health and medicine in prison, and even less with mental illness.[16] However,

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[15] See, for example, William James Forsythe, *The Reform of Prisoners 1830–1900* (London and Sydney: Croom Helm, 1987); Ignatieff, *A Just Measure of Pain*; Seán McConville, *A History of English Prison Administration, Vol. 1, 1750–1877* (London, Boston and Henley: Routledge & Kegan Paul, 1981); Seán McConville, *English Local Prisons 1860–1900: Next Only to Death* (London and New York: Routledge, 1995); Martin J. Wiener, *Reconstructing the Criminal: Culture, Law, and Policy in England, 1830–1914* (Cambridge: Cambridge University Press, 1990); Alyson Brown, *English Society and the Prison: Time, Culture and Politics in the Development of the Modern Prison, 1850–1920* (Woodbridge: Boydell, 2003); Helen Johnston, *Crime in England 1815–1880: Experiencing the Criminal Justice System* (London and New York: Routledge, 2015); Victor Bailey, *Policing and Punishment in Nineteenth-Century Britain* (Abingdon: Routledge, 2016); Victor Bailey (ed.), *Nineteenth-Century Crime and Punishment*, 4 vols (Abingdon: Routledge, 2021). For Ireland, see Patrick Carroll-Burke, *Colonial Discipline: The Making of the Irish Convict System* (Dublin: Four Courts Press, 2000); Tim Carey, *Mountjoy: The Story of a Prison* (Dublin: Collins Press, 2000); Cal McCarthy and Barra O'Donnabhain, *Too Beautiful for Thieves and Pickpockets: A History of the Victorian Convict Prison on Spike Island* (Cork: Cork County Library, 2016); Richard Butler, *Building the Irish Courthouse and Prison: A Political History, 1750–1850* (Cork: Cork University Press, 2020); Eoin O'Sullivan and Ian O'Donnell, *Coercive Confinement in Ireland: Patients, Prisoners and Penitents* (Manchester: Manchester University Press, 2012); Beverly A. Smith, 'The Irish General Prisons Board, 1877–1885: Efficient Deterrence or Bureaucratic Ineptitude?', *Irish Jurist*, 15:1 (1980), 122–36; Shane Kilcommins, Ian O'Donnell, Eoin O'Sullivan and Barry Vaughan, *Crime, Punishment and the Search for Order in Ireland* (Dublin: Institute of Public Administration, 2004).

[16] Carroll-Burke, *Colonial Discipline*; Lucia Zedner, *Women, Crime and Custody in Victorian England* (Oxford: Clarendon, 1991); Lucy Williams, *Wayward Women: Female Offending in Victorian England* (Barnsley: Pen & Sword, 2016); Farrell, *Women, Crime and Punishment in Ireland*; Elaine Farrell, '"Having an Immoral Conversation" and Other Prison Offenses: The Punishment of Convict Women', in Christina S. Brophy and Cara Delay (eds), *Women, Reform and Resistance in Ireland, 1850–1950* (Houndmills: Palgrave Macmillan, 2015), pp. 101–18; Beverly A. Smith, 'The Female Prisoner in Ireland, 1855–1878', *Federal Probation*, 54:4 (1990), 69–81; Clare Anderson and Hamish Maxwell-Stewart, 'Convict Labour and the Western Empires, 1415–1954', in Robert Aldrich and Kirsten McKenzie (eds), *Routledge History of Western Empires* (London and New York: Routledge, 2014), pp. 102–17; Hamish Maxwell-Stewart, 'Transportation from Britain and Ireland, 1615–1875', in Clare Anderson (ed.), *A Global History of*

there are some important exceptions to this. The studies of Joe Sim, Anne Hardy and Peter McRorie Higgins have drawn attention to the status and role of prison medical officers, and Higgins' work also examined the management and treatment of the mentally ill in English prisons before 1850.[17] Scientific criminology and the relationship between crime, degeneracy and mental unfitness have been interrogated by Neil Davie and Stephen Watson in the context of late nineteenth-century English prisons, with particular emphasis on assessing the ways in which English criminology varied in approach from continental theorists.[18] Overall, there has been far less historical research on health and prisons in Ireland; the few existing studies have been largely preoccupied with exploring how political prisoners and suffragists used their bodily health during campaigns to achieve specific goals, and, while we have worked closely with and greatly enhanced the existing scholarship on English prison health, our contributions to the Irish historiography are particularly novel.[19]

Convicts and Penal Colonies (London: Bloomsbury, 2018), pp. 183–210; Joan Kavanagh and Dianne Snowden, *Van Diemen's Women: A History of Transportation to Tasmania* (Dublin: The History Press, 2015); William Murphy, *Political Imprisonment and the Irish, 1912–1921* (Oxford: Oxford University Press, 2014); Seán McConville, *Irish Political Prisoners, 1920–1962: Pilgrimage of Desolation* (New York: Routledge, 2014).

[17] Joe Sim, *Medical Power in Prisons: The Prison Medical Service in England 1774–1989* (Milton Keynes and Philadelphia, PA: Open University Press, 1990); Anne Hardy, 'Development of the Prison Medical Service, 1774–1895', in Richard Creese, W.F. Bynum and J. Bearn (eds), *The Health of Prisoners* (Amsterdam and Atlanta, GA: Rodopi, 1995), pp. 59–82; Peter McRorie Higgins, *Punish or Treat?: Medical Care in English Prisons 1770–1850* (Victoria, BC and Oxford: Trafford, 2007). See also J.E. Thomas, *The English Prison Officer since 1850* (London and Boston: Routledge & Kegan Paul, 1972). For articles on health and medicine in the nineteenth-century Australian prison system, see the special issue of *Health and History*, 22:1 (2020), edited by Louella McCarthy, Kathryn Weston, Stephen Hampton and Tobias Mackinnon.

[18] Stephen Watson, 'Malingerers, the "Weakminded" Criminal and the "Moral Imbecile": How the English Prison Officer Became an Expert in Mental Deficiency, 1880–1930', in Michael Clark and Catherine Crawford (eds), *Legal Medicine in History* (Cambridge: Cambridge University Press, 1994), pp. 223–41; Neil Davie, *Tracing the Criminal: The Rise of Scientific Criminology in Britain, 1860–1918* (Oxford: Bardwell Press, 2006). For debates on the relationship between criminality and eugenics in the US, see Nicole Hahn Rafter, *Creating Born Criminals* (Champaign, IL: University of Illinois Press, 1997). Ian O'Donnell has explored prisoners' strategies for overcoming mental distress while endeavouring to deal with the rigours of solitude: Ian O'Donnell, *Prisoners, Solitude, and Time* (New York and Oxford: Oxford University Press, 2014). For a compelling study of the 'death-in-life' experience of solitary confinement in the US, see Lisa Guenther, *Solitary Confinement: Social Death and Its Afterlives* (Minneapolis, MN and London: University of Minnesota Press, 2013).

[19] Beverly A. Smith, 'Irish Prison Doctors – Men in the Middle, 1865–90', *Medical History*, 26:4 (1982), 371–94; William Murphy, 'Dying, Death and Hunger Strike: Cork and Brixton, 1920', in James Kelly and Mary Ann Lyons (eds), *Death and Dying in Ireland,*

This stands in stark contrast to the emphasis in the medical humanities over the last few decades on exploring the other institutions that contained and treated the mentally ill, notably public, district and criminal lunatic asylums, but also workhouses, private madhouses, and institutions and schools specialising in the care of those deemed mentally deficient.[20] These studies have focused intently on the processes and pressures that prompted large-scale confinement of the insane in the nineteenth century. They question how far this was driven by major demographic and socioeconomic shifts, the growth of towns, poverty and poor living conditions, and the migration of large groups of people from the countryside into urban centres, factors also deemed to be productive of high rates of crime and incarceration. These major disruptions took place alongside changes in family structure and in working lives, including regimented factory conditions that subjected the poor to rigid and lengthy working days. These conditions, it has been argued, meant that mentally ill family members were less likely to be cared for within the household and became more liable to institutional

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Britain, and Europe: Historical Perspectives (Dublin: Irish Academic Press, 2013), pp. 297–316; Ian Miller, *A History of Force Feeding: Hunger Strikes, Prisons and Medical Ethics, 1909–1974* (Houndmills: Palgrave Macmillan, 2016); Ian Miller, *Reforming Food in Post-Famine Ireland: Medicine, Science and Improvement, 1845–1922* (Manchester: Manchester University Press, 2014), pp. 74–81; Ciara Breathnach, 'Medical Officers, Bodies, Gender and Weight Fluctuation in Irish Convict Prisons, 1877–95', *Medical History*, 58:1 (2014), 67–86.

[20] For example, out of a vast literature, see Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700–1900* (New Haven, CT and London: Yale University Press, 2005); Roy Porter, 'Madness and Its Institutions', in Andrew Wear (ed.), *Medicine in Society* (Cambridge: Cambridge University Press, 1992), pp. 277–301; Peter Bartlett, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-Nineteenth-Century England* (London and New York: Leicester University Press, 1999); Joseph Melling and Bill Forsythe (eds), *Insanity, Institutions and Society, 1800–1914* (London and New York: Routledge, 1999); Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981); Cox, *Negotiating Insanity*; David Wright, *Mental Disability in Victorian England: The Earlswood Asylum, 1847–1901* (Oxford: Oxford University Press, 2001); Mark Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England* (Manchester: Manchester University Press, 2000); Janet Saunders, 'Institutionalised Offenders: A Study of the Victorian Institution and Its Inmates, with Special Reference to Late Nineteenth Century Warwickshire' (unpublished University of Warwick PhD thesis, 1983) is unusual in exploring both the prison and asylum, and the passage of inmates between the two institutions. For Ireland, see Oonagh Walsh, '"A Person of the Second Order": The Plight of the Intellectually Disabled in Nineteenth-Century Ireland', in Laurence Geary and Oonagh Walsh (eds), *Philanthropy in Nineteenth-Century Ireland* (Dublin: Four Courts Press, 2015), pp. 161–80; Peter Reid, 'Children, Mental Deficiency and Institutions in Dublin, 1900 to 1911' (unpublished University College Dublin MLitt thesis, 2018).

confinement; many, including those committing minor offences, would end up moving between the prison, asylum and workhouse.[21]

Other scholarship has highlighted the role of reform and the optimism that permeated the provision of asylum care after the 1830s, with the introduction of new therapeutic approaches into specialised asylums, notably moral treatment, with its emphasis on routine, occupation of the patients and self-management, and the creation of a new group of specialists in the care of the insane.[22] Meanwhile, specific groups within the prison population, such as children and juveniles, whose minds required distinct consideration, were catered for in separate institutions with specialist care.[23] The large county and district asylums of the nineteenth century had been preceded by voluntary asylums and private asylums or madhouses. The latter, set up by entrepreneurial individuals or families, operated on a much smaller scale (particularly in the Irish context) though they demonstrated and further stimulated a growing market for asylum services. Set up initially to cater largely for well-to-do patients, in the nineteenth century private asylums in England provided an important back-up service to overstretched county asylums and to a lesser extent prisons.[24] In Ireland, due to different funding

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[21] For the role of families in caring for mentally ill relatives, see Andrew Scull, *Museums of Madness: The Social Organization of Insanity in 19th Century England* (London: Allen Lane, 1979); Scull, *The Most Solitary of Afflictions*. John Walton has argued, however, that households continued to support and care for mentally ill family members for as long as possible: John K. Walton, 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire 1848–50', *Journal of Social History*, 13:1 (1979), 1–22; John K. Walton, 'Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840–70', in W.F. Bynum, Roy Porter and Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, vol. II (London and New York: Tavistock, 1985), 132–46; Mark Finnane, 'Asylums, Family and the State', *History Workshop Journal*, 20:1 (1985), 134–48.

[22] David Wright, 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 10:1 (1997), 137–55. For moral treatment, see, for example, Anne Digby, *Madness, Morality, and Medicine: A Study of the York Retreat, 1796–1914* (Cambridge: Cambridge University Press, 1985). For a more critical take on moral treatment, see Andrew Scull, 'Moral Treatment Reconsidered: Some Sociological Comments on an Episode in the History of British Psychiatry', in Andrew Scull (ed.), *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (London: Athlone, 1981), pp. 105–20.

[23] Fiachra Byrne, '"In Humanity's Machine": Prison Health and History', *ECAN Bulletin: Howard League for Penal Reform*, 33 (July 2017), 14–20; Paul Sargent, *Wild Arabs and Savages: A History of Juvenile Justice in Ireland* (Manchester: Manchester University Press, 2014); Victor Bailey, *Delinquency and Citizenship: Reclaiming the Young Offender 1914–18* (New York: Oxford University Press, 1987); Barry Godfrey, Pamela Cox, Heather Shore and Zoe Alker, *Young Criminal Lives: Life Courses and Life Chances from 1850* (Oxford: Oxford University Press, 2017).

[24] Roy Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone, 1987; Penguin edn, 1990), ch. 3; Leonard Smith, *Private*

structures, private asylums remained relatively distinct and continued to cater for wealthier patients. Voluntary asylums in both contexts, usually charitable, non-profit and in Ireland often holding religious affiliations, provided additional relief to less affluent patients.[25]

Prisons of course were never intended to be places of medical treatment and cure, and from the 1830s onwards legislation endeavoured to divert mentally ill offenders away from prisons to asylums, including Dundrum Criminal Lunatic Asylum after 1850 and Broadmoor, which took over the treatment of the criminally insane from Bethlem Hospital in 1863.[26] This had limited impact in practice, with, as Chapter 4 demonstrates, large numbers of mentally ill people still confined in English and Irish prisons by the late nineteenth century. Additionally, many mentally ill patients were housed in workhouse accommodation following poor law legislation, in England the New Poor Law in 1834 and in Ireland in 1838.[27] The Irish Poor Law, modelled on the English system, had greater emphasis on indoor relief.[28] That the English Poor Law continued to provide out relief, outside of the detested workhouse, became a factor in encouraging large-scale migration from Ireland in the post-Famine era, in turn pushing up the admission of mentally ill Irish migrants into workhouses, asylums and prisons.[29] Despite the huge scale of asylum provision, and the equally rapid expansion of workhouse accommodation, with many English and Irish workhouses having dedicated wards for lunatics and idiots after the 1840s, the pace of provision never kept up with demand. For much of the second half of the nineteenth century asylums were overcrowded and workhouses under pressure from mentally ill or weak-minded paupers.[30] Despite the pressure on these institutions, they, alongside Dundrum and Broadmoor criminal

Madhouses in England, 1640–1815: Commercialised Care for the Insane (Cham: Palgrave Macmillan, 2020).

25 Alice Mauger, *The Cost of Insanity in Nineteenth-Century Ireland: Public, Voluntary and Private Asylum Care* (Cham: Palgrave Macmillan, 2018); Leonard D. Smith, *'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England* (London and New York: Leicester University Press, 1999).

26 Pauline M. Prior, *Madness and Murder: Gender, Crime and Mental Disorder in Nineteenth-Century Ireland* (Dublin: Irish Academic Press, 2008); Brendan Kelly, *Custody, Care & Criminality: Forensic Psychiatry and Law in 19th Century Ireland* (Dublin: History Press, 2014); Mark Stevens, *Broadmoor Revealed: Victorian Crime and the Lunatic Asylum* (Barnsley: Pen & Sword, 2013).

27 Barlett, *The Poor Law of Lunacy*.   28 Cox, *Negotiating Insanity*, ch. 6.

29 Catherine Cox, Hilary Marland and Sarah York, 'Emaciated, Exhausted and Excited: The Bodies and Minds of the Irish in Nineteenth-Century Lancashire Asylums', *Journal of Social History*, 46:2 (2012), 500–24.

30 Ibid., p. 502; Scull, *The Most Solitary of Afflictions*; Catherine Cox and Hilary Marland, '"A Burden on the County": Madness, Institutions of Confinement and the Irish Patient in Victorian Lancashire', *Social History of Medicine*, 28:2 (2015), 263–87.

lunatic asylums, as explored in Chapter 4, became repositories for many mentally ill offenders over the course of the nineteenth century.

The Discipline of Separation and the Prison Cell

With new models of discipline introduced from the 1840s onwards, and explored in Chapter 2, the prison was intended to reform, rehabilitate and produce moral improvement in the isolation of the cell, directed largely by the prison chaplains, with prisoners entering a place 'of instruction and of probation rather than a GAOL OR OPPRESSIVE PUNSHMENT'.[31] This marked a significant shift in approach, which Michael Ignatieff has described as a new philosophy of punishment directed at the mind rather than the body, intended to replace the disorder, filth and arbitrariness rife in prisons, the whip and the gallows with a prison discipline based on rationality and order, supervised by the state.[32] While the late nineteenth century has been strongly associated with the process of centralisation, as Bill Forsythe has pointed out there was a 'decisive tilt towards the centre in the prison system of the 1830s', with the establishment of clear policy agendas for prisons, alongside reformatories, asylums and workhouses, directed by increasingly powerful central government inspectorates.[33] In the case of Ireland, Oliver MacDonagh locates the shift towards centralisation to the late eighteenth century, citing the establishment of the prison inspectorate in 1786.[34] It has also been argued that Ireland's colonial status prompted the curtailment of the powers of local administration in favour of central government at Dublin Castle. In terms of English and Irish prisons, centralisation was intended to embrace the convict prisons, where prisoners were held on 'probation' before transportation to the colonies, as well as local prisons administered by magistrates and local Boards of Superintendence, and attempts were also made to bring the latter in line with central policy.[35] Local prisons, meanwhile, served a number of

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[31] Sir James Graham, Home Secretary, to J.T. Burt, Chaplain at Pentonville, 16 Dec. 1842, in Joshua Jebb, *Second Report of the Surveyor-General of Prisons* (1847) [867], p. 48.

[32] Ignatieff, *A Just Measure of Pain.*

[33] Bill Forsythe, 'Centralisation and Local Autonomy: The Experience of English Prisons 1820–1877', *Journal of Historical Sociology*, 4:3 (1991), 317–45, at p. 323.

[34] Oliver MacDonagh, *The Inspector General: Sir Jeremiah Fitzpatrick and the Politics of Social Reform, 1783–1802* (London: Croom Helm, 1981).

[35] In Ireland, Boards of Superintendence, half of whom were magistrates, were responsible to county Grand Juries and municipal corporations. Grand Juries were the principal organs of local government. See Virginia Crossman, 'The Growth of the State in the Nineteenth Century', in James Kelly (ed.), *The Cambridge History of Ireland, vol. 3, 1730–1880* (Cambridge: Cambridge University Press, 2018), 542–66. For the

functions: the detention of prisoners awaiting trial, debtors and those condemned to capital punishment, as well as being places of punishment for those sentenced to terms of up to two years.

English and Irish prison systems would come to rest on the foundations of rationality and beneficence, centring on the methodology of separate confinement that involved criminals in their own rehabilitation. Yet even as the system was being imported from the Eastern State Penitentiary in Philadelphia to England, these foundations were looking increasingly shaky.[36] By the late 1830s reports were implicating the 'Pennsylvania system' in the mental breakdown of inmates and reporting that cellular isolation was producing high rates of mortality and insanity.[37] Accompanied by mounting criticism, including a vigorous campaign in *The Times* newspaper, as discussed in Chapter 2, the separate system was applied initially and in its most severe form at Pentonville Model Prison in London in 1842, and a modified version was introduced in Ireland at its flagship prison, Mountjoy in Dublin, in 1850. By then the harmful impact of the separate system on prisoners' mental health had become increasingly evident.[38]

The new system of discipline centred on the architecture of the prison, with the prison cell the hub of operations. It was here, in a small space measuring around thirteen feet by seven by nine, that the convict was to experience the full force of separate confinement.[39] Though Jeremy

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management of English prisons, see McConville, *A History of English Prison Administration*; McConville, *English Local Prisons 1860–1900*.

[36] For United States prisons, see David J. Rothman, 'Perfecting the Prison: United States, 1789–1865', in Norval Morris and David J. Rothman (eds), *The Oxford History of the Prison: The Practice of Punishment in Western Society* (New York and Oxford: Oxford University Press, 1998), pp. 100–16.

[37] *Thirteenth Report of the Board of Managers of the Prison Discipline Society* (Boston: The Society's Room, 1838), p. 236. See also David Wilson, 'Testing a Civilisation: Charles Dickens on the American Penitentiary System', *The Howard Journal of Criminal Justice*, 48:3 (2009), 280–96.

[38] U.R.Q. Henriques, 'The Rise and Decline of the Separate System of Prison Discipline', *Past & Present*, 54:1 (1972), 61–93, at p. 86. Despite aiming to exclude prisoners showing signs of mental weakness, Dr Forbes Winslow concluded in 1851 that 1.4% of Pentonville's inmates were suffering from mental illness compared with 0.25% of the general population: Forbes Winslow, 'Medical Society of London: Prison Discipline', *Lancet*, 57:1439 (29 Mar. 1851), 357–60. For Pentonville, see Catherine Cox and Hilary Marland, '"He Must Die or Go Mad in This Place": Prisoners, Insanity and the Pentonville Model Prison Experiment, 1842–1852', *Bulletin of the History of Medicine*, 92:1 (2018), 78–109.

[39] See Leslie Topp, 'Single Rooms, Seclusion and the Non-Restraint Movement in British Asylums, 1838–1844', *Social History of Medicine*, 31:4 (2018), 754–73, for seclusion in asylum practice.

Bentham's panopticon was never actually built in England or Ireland, it provided the inspiration for much prison design, particularly in its emphasis on surveillance. Pentonville, with its 500 inmates, was enclosed in an eighteen-foot perimeter wall, and, with three levels of solitary cells radiating from a central block, arranged so that the prison officers could not be seen by the prisoners, though they themselves could be watched at all times. It was created, as were the new generation of prisons that followed in England and Ireland, to produce isolation within the prison and from the outside world. Every detail was carefully worked out – from the thickness of the door and walls, the size of the windows, the plumbing, ventilation and heating – to ensure tight security and prevent prisoners from communicating with each other, while also maintaining the prisoners' health.[40]

The cell was intended to throw prisoners back on their own thoughts, recollections and regrets until they were ready to declare their repentance for past sins and crimes, clearing the path for their deep-seated reformation. The separate cellular system appealed to the prison authorities on punitive as well as reformatory grounds, and, while praising its potential for initiating real change in criminal behaviour, Reverend Joseph Kingsmill at Pentonville Prison affirmed that it was also 'calculated to strike more terror into the minds of the lowest and vilest class of criminals than any other [system] hitherto devised'.[41] Henry Hitchins, Inspector of Government Prisons in Ireland, argued that the strength of the separate system was its capacity to act as a deterrent, based on the 'dread' of the convict returning to the separate cell.[42] For the prisoners, however, 'there was in the first closing of the door behind them, a finality that betokened a dreadful new beginning'.[43] Why the authorities 'should leave a man alone with his thoughts for eight months I cannot possibly conceive', reflected prisoner John Lee of his experiences at the start of his sentence in Pentonville in 1885. 'I can think of nothing more calculated

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[40] Robin Evans, *The Fabrication of Virtue: English Prison Architecture, 1750–1840* (Cambridge: Cambridge University Press, 1982), ch. 7; Heather Tomlinson, 'Design and Reform: The "Separate System" in the Nineteenth Century English Prison', in Anthony D. King (ed.), *Buildings and Society: Essays on the Social Development of the Built Environment* (London: Routledge, 1984), pp. 94–119; Butler, *Building the Irish Courthouse and Prison*, chs 5–7.

[41] Reverend Joseph Kingsmill, *Chapters on Prisons and Prisoners*, 3rd edn (London: Longman, Brown, Green, and Longmans, 1854), p. 116.

[42] National Archives of Ireland (NAI), Government Prison Office (GPO)/Letter Books (LB), Vol. 12, July 1849–Dec. 1851, p. 63.

[43] Priestley, *Victorian Prison Lives*, p. 39.

to drive a prisoner mad than eight months of solitude with nothing to think about but his own miseries, with no companion save despair.'[44]

Cases of mania, anxiety and depression, often attended by fearful delusions and hallucinations, became more widespread as new prisons were built and older ones adapted to impose the discipline of separate confinement. In effect it appeared not only to make prisoners who already had some form of pre-existing mental disorder worse, but also to be triggering mental breakdown. Yet, as shown in Chapters 2 and 3, the system of separate confinement endured and its implementation across the English and Irish prison estate, in both local and convict prisons, remained the aim of most prison administrators.[45] Adaptation to the separate system proceeded apace, and already by 1850 it was reported that some 11,000 purpose-built separate cells had been constructed or were nearing completion in England and fifty-five separate cellular prisons.[46] In Ireland the rate of building separate cells was slower owing to the disruption caused by the Great Famine (1845-52). Nonetheless in the 1860s provision for separate confinement was expanded as new wings were added to some local gaols and a small number of new prisons opened.

A number of local prisons were either rebuilt or, as in the case of Leicester Gaol, quickly adapted and expanded to meet the requirements of separation. Though largely admitting prisoners from Leicester and the agricultural county of Leicestershire, who were typically sentenced to short terms of imprisonment for offences against the game laws or vagrancy, in 1846 176 cells were certified as fit for separate confinement. Two years later, with surplus capacity, the magistrates began to lease cells for the confinement of government convicts.[47] Similarly Wakefield Prison built a new section constructed on the same plans as Pentonville in 1847, providing accommodation for 1,374 prisoners, much more than was required for the West Riding of Yorkshire area that it served, and over 400 cells were let to government convicts undergoing separate

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[44] [John Lee], *The Man they Could Not Hang: The Life Story of John Lee*, Told by Himself (London: Mellifont Press, 1936), p. 53.

[45] See Miles Ogborn, 'Discipline, Government and Law: Separate Confinement in the Prisons of England and Wales, 1830–1877', *Transactions of the Institute of British Geographers*, 20:3 (1995), 295–311, for the persistence of the separate system and emphasis on imposing uniformity.

[46] Forsythe, *The Reform of Prisoners*, p. 45.

[47] Jacqueline L. Kane, 'Prison Palace or "Hell upon Earth": Leicester County Gaol under the Separate System, 1846–1865', *Transactions of the Leicestershire Archaeological and Historical Society*, 70 (1996), 128–46.

confinement, and later to the War Department for military prisoners.[48] There were efforts to implement similar structural changes to Irish local prisons; for example, the 'old' county Antrim Gaol was replaced in 1846 by the new Belfast House of Correction, which, modelled on Pentonville, had over 300 separate cells.[49]

The system that was initially designed to inspire reflection and produce reform among prisoners was radically reconsidered and modified in the 1860s and 1870s. Convict prisons, as discussed in Chapter 2, initially fulfilled the function of taking government prisoners in preparation for transportation to Australia or other colonies. However, after transportation was abandoned during the 1850s and 1860s, nine months of separate confinement in a convict prison was followed by an extended sentence of penal servitude in a public works prison and then release on licence if a period of remission had been earned.[50] Instead of being shipped to distant colonies after their initial probationary phase in separate confinement, convicts completed their terms of penal servitude in English and Irish prisons. This, in combination with 'the perceived threat of the "criminal class" or habitual offender' and the garrotting panics of the 1850s and 1860s, led to a more 'deterrence based approach', though in 1865 the minimum period of penal servitude was increased from three to five years rather than the seven years proposed by the 1863 Royal Commission on penal servitude.[51] After 1877 central government control extended to all prisons with the aim of introducing uniformity of conditions and punishment across the English and Irish prison estates.[52] This was expressed in a form of discipline that emphasised harsh punishment, hard labour, board and fare, and, as Chapter 3 argues, isolation in the separate cell was defined increasingly as a penal tool rather than as reformatory. This shift to a nationalised and more penal approach also produced many instances of mental breakdown, which were commented on in prisoners' own accounts of prison life, as inmates buckled under

[48] Wheatley, *Observations on the Treatment of Convicts in Ireland*, p. v; J. Horsfall Turner, *The Annals of Wakefield House of Correction* (Bingley: privately printed, 1904), pp. 233, 245.
[49] Report of the Inspectors General of Prisons in Ireland (RIGPI) 1845 (1846) [697], pp. 5, 20.
[50] Seán McConville, 'The Victorian Prison', in Morris and Rothman (eds), *The Oxford History of the Prison*, pp. 131–67, at pp. 131–8; Johnston, *Crime in England 1815–1880*, p. 112.
[51] Johnston, *Crime in England 1815–1880*, p. 96; Forsythe, *The Reform of Prisoners*, pp. 160–1.
[52] Ogborn, 'Discipline, Government and Law'; Forsythe, 'Centralisation and Local Autonomy'; McConville, 'The Victorian Prison'; Smith, 'The Irish General Prisons Board, 1877–1885'.

regimes that imposed brutal systems of hard labour and poor diet alongside cellular isolation.

Prisons and Their Prisoners

In 1835 a central government prison inspectorate was set up in Britain, a body preceded in Ireland in the early 1820s. The inspectorates fed into prison reform and, as Richard Butler has demonstrated, facilitated the early exchange of ideas and knowledge between the two countries.[53] After 1850 English prisons were administered by a Directorate that managed convict prisons, and in 1877 the Prison Commission took over the running of local prisons from county and borough magistrates. Though distinct bodies, by the early 1890s membership was the same and both were chaired by Sir Edmund du Cane, who had been appointed Chairman of the Directors of Convict Prisons in 1869, and made chair of the Prison Commission when it was established. A Convict Prison Directorate was established for Ireland in 1854, which was superseded by the General Prison Board in 1877. This took over the management of county and borough prisons from Grand Juries and local Boards of Superintendence, and also managed the convict prisons. The Board was dominated by a small number of officials, notably Charles F. Bourke who was chair from November 1878 until 1895.

Around ninety new prisons were built or extended in Britain between 1842 and 1877, while in Ireland there were thirty-eight local prisons and four convict prisons in 1878.[54] After nationalisation, the English Prison Commissioners and the Irish General Prison Board rationalised and reconfigured the prison estates, closing down some institutions, while expanding and renovating others. In Ireland, the Board pursued a policy of congregating prisoners in fewer but larger prisons until the late nineteenth century as the size of prison population declined.[55] Across the larger English prison estate there was significant variation in prison size, levels of overcrowding, and individual prison environments and conditions, especially in London.[56] In the mid-1880s, new building works

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[53] A government-salaried prison inspector, Sir Jeremiah Fitzpatrick, was appointed in 1786. See Richard Butler, 'Rethinking the Origins of the British Prisons Act of 1835: Ireland and the Development of Central-Government Prison Inspection, 1820–35', *The Historical Journal*, 59:3 (2016), 721–46.

[54] See Ogborn, 'Discipline, Government and Law'; Forsythe, *The Reform of Prisoners*, pp. 93–4 for details on the number of prisons and the provision of cells for separate confinement in England; Report of the General Prisons Board (Ireland) (RGPBI), 1879–80 (1880) [C.2689], pp. 3, 13.

[55] RGPBI, 1889–90 (1890) [C.6182], pp. 5–6.

[56] Report of the Commissioners of Prisons, 1880 (1880) [C.2733], pp. 7–8.

eased the pressure, though it continued to be an issue, particularly in the larger provincial cities of Birmingham, Manchester and Liverpool.[57]

In 1850 the British convict sector held around 6,000 convicts in five prisons, rented cells in local gaols and in five prison hulks; by 1865 it was holding 7,000 in eleven institutions. Around 17,500 prisoners were held by 1867 in English and Welsh local prisons, a small increase from the figure of 16,000 in 1844.[58] The Prison Commissioners for England commented later in the century on the 'remarkable decrease' in the prison population in the context of an increase in the size of the general population, from an estimated 19,818 on 31 March 1878 to 13,877 in 1890, a fall of 31.8 per cent.[59] There was also a decline in the number of persons charged with indictable offences, and in the number of 'criminals at large', which was estimated to be 31,000 in 1889–90.[60] In Ireland the number of convicts declined rapidly in the immediate post-Famine years, also in response to the huge reduction in population from death and migration, from 11,990 in 1847–51 to 1,826 in 1856–60 and to 1,114 in 1878.[61] The number in custody in local prisons totalled 2,663 in 1866 and, while there were fluctuations, thereafter it did not expand substantially. In 1891–92 the daily average number in Irish local prisons was 2,506 with an additional 443 male convicts and thirty-seven female convicts.[62] It was also estimated that the number of indictable offences and charges had declined by 11,123, or by 1.6 per 10,000 persons over the ten years from 1883 to 1892.[63] Yet despite declining prison numbers, in both England and Ireland the high rates of reoffending and committals for minor offences prompted extensive commentary among prison administrators and penologists. Of the 39,939 prison committals in Ireland in 1889–90, for example, nearly half, 17,820, were for 'drunkenness'.[64] Many habitual offenders were also mentally ill and weak-minded, and, as discussed in Chapter 3, while by the end of the nineteenth century prison medical officers and criminologists were insisting that criminality as well as insanity was 'treatable', they also asserted that prison served little purpose for weak-minded offenders.

[57] Report from the Departmental Committee on Prisons [Gladstone Committee] (1895) [C.7702] [C.7702–I], p. 78; Report of the Commissioners of Prisons, 1890 (1890) [C.6191], pp. 48–9.
[58] Forsythe, *The Reform of Prisoners*, p. 93.
[59] Report of the Commissioners of Prisons, 1890 (1890) [C.6191], p. 2.
[60] Wiener, *Reconstructing the Criminal*, pp. 216–17.
[61] RGPBI, 1879–80 (1880), pp. 9–10, 13.
[62] RGPBI, 1891–92 (1892) [C.6789], pp. 18, 20.
[63] Criminal and Judicial Statistics, Ireland, 1893 (1894) [C.7534], p. 17.
[64] RGPBI, 1889–90 (1890), p. 17.

Prison Medical Officers

While prison administrators pushed through policies intended to rationalise and produce uniformity, exploration of a variety of English and Irish prison contexts reveals considerable divergence between them in the implementation of discipline. So too there was considerable variation in the way that mental illness among prisoners was dealt with, in the eagerness of prison medical officers to impose regulations and in their skills, and in the processes of assessing whether prisoners were mentally ill, or, alternatively, poorly equipped to undertake the system of discipline, weak-minded or malingerers. As prison regimes shifted in the 1860s and 1870s towards an approach emphasising punishment and deterrence, so too did the role and remit of the doctors working within them adapt and alter. In the early years of the separate system, as shown in Chapter 2, chaplains were at least equal in their influence and power to prison doctors and claimed expertise in dealing with matters of the mind. However, several scandals and disputes prompted by the chaplains' overzealous commitment to this role eroded their influence, while new legislation in the mid-nineteenth century accorded more authority to prison medical officers, who began to envisage themselves as a discrete group of professionals with their own skill sets and experience. As prison populations expanded, prison medical officers were compelled to deal with a large number of cases of mental disorder on a day-to-day basis, which put a strain on the management and governance of prisons as well as adding significantly to their workloads. Yet it also gave them practical experience in dealing with mental illness, and many prison medical officers began to envisage themselves as experts in psychiatry in criminal justice settings.

A focus on individual prisons and their archives has enabled us to test and nuance the conclusions of previous work on prison medical officers that has framed the challenges faced by them in terms of 'dual loyalty'. Wiener and Sim have emphasised the ways in which prison doctors were caught in a tension between supporting and enforcing the discipline of the prison, with regard to behaviour, diet and labour, as well as through their examinations of prisoners to deem them fit for punishment, and their role as arbiters of prisoners' health and wellbeing.[65] Meanwhile, Smith has highlighted the strain placed on some prison doctors in Ireland, who, during intense political campaigns, became 'men in the middle', caught between the various pressures of implementing discipline within prisons

[65] Sim, *Medical Power in Prisons*; Martin J. Wiener, 'The Health of Prisoners and the Two Faces of Benthanism', in Creese, Bynum and Bearn (eds), *The Health of Prisoners*, pp. 44–58.

during political crises, facing hostility from groups outside prisons, while also caring for their prisoner patients.[66] These tensions were certainly an important factor in prison settings, but can also be considered as typical of a range of institutional contexts during this period. Workhouses and asylums imposed budgetary and other limitations on the remit and scope of practice of the medical men who worked within them, and were governed, like prisons, by the directives of central government inspectorates. In these institutions too attitudes towards patients who were morally implicated in their plight, such as the workshy or drunkard, and thus in the circumstances that led to their institutional confinement, might be unsympathetic and severe, particularly as the number of admissions soared in many of these institutions. Provision of care in workhouses in particular was to a large extent dictated by the principle of less eligibility that might restrict the ability of medical officers to deliver care, enhance diet and treatment.[67]

Meanwhile, individual prison medical officers – working alongside and influenced by other prison officers – varied in their opinions, concerns and practices regarding mental illness, as well as in their talents and experience as medical practitioners. Many, as Wiener has suggested, appear to have framed prisoners' actions and responses to imprisonment in terms of moral responsibility and shared the codes, language and objectives of prison administrators more broadly, and, as some of our examples demonstrate, dealt harshly with prisoners who they suspected were feigning insanity.[68] Others appear to have taken a more humane or at least a more invested and active approach in taking care of their prisoner patients. Some were praised by prisoners in their accounts of prison life and in official inquiries, for their care and attention; others were described as ignorant, lazy, slipshod and poorly equipped for their position, and Oscar Wilde notably described prison medical officers 'as a class ignorant men', with 'no knowledge of mental disease of any kind'.[69] However, despite this variation in the talents and commitment of individual practitioners, many prison medical officers were eager to improve their professional standing, and to establish prison medicine as

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[66] Smith, 'Irish Prison Doctors'.

[67] Jonathan Reinarz and Alistair Ritch, 'Exploring Medical Care in the Nineteenth-Century Provincial Workhouse: A View from Birmingham' and Virginia Crossman, 'Workhouse Medicine in Ireland: A Preliminary Analysis, 1850–1914', in Jonathan Reinarz and Leonard Schwarz (eds), *Medicine and the Workhouse* (Rochester, NY: University of Rochester Press, 2013), pp. 140–63, 123–39.

[68] Wiener, *Reconstructing the Criminal*, p. 122.

[69] Oscar Wilde, *Children in Prison and Other Cruelties of Prison Life* (London: Murdoch and Co., 1898), To the Editor of the *Daily Chronicle*, 27 May 1897, p. 14.

a specialist and skilled branch of practice. As demonstrated in Chapter 3, part of this process of striving for professional status – among doctors who normally had very little training in psychiatry – was to start to think about and emphasise what differentiated their work with mentally ill prisoners from those of psychiatrists working outside the prison system; what form did their expertise take, what did their experience tell them, and how did they perceive the relationship between criminality and mental disease and decline, and between the imposition of prison discipline and mental breakdown? Irish prison medical officers and asylum alienists drew heavily on the work of their English counterparts in the fields of prison and asylum psychiatry, consulting major publications by leading British experts, while English and Irish penal experts collaborated in official inquires and investigations in both contexts. Overall, this professional self-fashioning resulted in the production of a discrete taxonomy of mental illness, which, it is argued in Chapter 3, prompted a new form of psychiatry in the second half of the nineteenth century, paralleling but in many ways standing apart from the theories and practices of asylum doctors. At times, as shown in Chapters 4 and 5, this led to conflicts between prison doctors and asylum superintendents regarding the boundaries of their knowledge, insight and know-how, in the management and movement of patients between the two sets of institutions, and concerning decisions about whether prisoners were suffering from real or feigned insanity.

By examining mental disorder and responses to its manifestation in a diversity of nineteenth-century English and Irish prison settings, our book provides the first detailed analysis of the emergence of prison psychiatry and the experiences of prison medical officers treating the mentally ill as well as those of the incarcerated and mentally disturbed prisoner. Despite mounting evidence that mentally ill people were being committed to prison, and then subjected to regimes that caused further mental decline, and that prison regimes, particularly separate confinement, were causing insanity, the system was to endure until the turn of the twentieth century. The final chapter discusses the slow dismantling of the deterrent prison system and separate confinement as well as continuities with prisons today in terms of responses to the mentally ill within the prison estate and prisoners' experiences of mental illness. Time and again, we are reminded of this issue, as newspapers, public inquiries, reports and documentaries reveal shocking instances of suicide attempts, self-harm and homicide carried out by prison inmates suffering from mental health problems, as well as the devastating impact of solitary confinement on prisoners' mental wellbeing.[70]

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[70] Shalev and Edgar, *Deep Custody*; Martynowicz and Moore, *Behind the Door*. See also Guenther, *Solitary Confinement*.