
Victorian Psychiatry and Canadian Motherhood

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Traditionally, the principal focus in the history of medicine has been the study of medical problems and institutions. Of late, however, historians and sociologists have begun to recognize that the *social* history of medicine — a relatively untouched field — can contribute to an even more profound historical understanding of the social structures and social changes of past societies. Some recent Canadian studies, for example, have looked at the effect of the professionalization of medicine on women, such as the displacement of female midwives by medical practitioners, as well as the nature of medical attitudes towards women. One author has rightly pointed out that, generally, 'socio-historical studies of nineteenth-century scientific and medical attitudes are revealing that doctors used new scientific studies to validate conventional ideas about femininity and woman's sexuality, and woman's role in society.'

We now know that twentieth-century psychiatry has helped to mold female stereotypes within a framework of psychological determinism. It should come as no surprise, therefore, to find that this was also the case before Freud, in the formative period of modern psychiatry — the Victorian era. As this aspect in the social history of medicine in Canada has all but been passed over, I would like to provide a brief sketch here of the ways in which Victorian psychiatry affected what one might well label 'the motherhood stereotype' — the psychological uniqueness of woman.

The 'proper sphere' of the Victorian

woman in Canada was the 'private sphere' — the family and the home. Not only was this sphere seen as 'proper,' but it was also regarded as a biological fate — the 'natural' destiny of womanhood. The differences between men and women were considered to be psychological too, for physical constitution and physiological functioning were viewed as shaping thought and emotion. The first article to discuss the psychological nature of man and woman in the newly-founded *American Journal of Insanity* — a forerunner of the American Psychiatric Association journal — appeared in 1850. The article was written by Edward Jarvis, a highly respected 'alienist' or psychiatrist. He stated:

The temperament of females is more ardent, and more frequently nervous than that of the males. Women are more under the influence of the feelings and emotions, while men are more under the government of the intellect. Men have stronger passions and more powerful appetites and propensities. Women are more hopeful and confiding, especially in what regards the affections, but they are less given to sensual indulgence. Men are more cautious in regard to matters of a social nature. But in regard to the affairs that affect the intellect, they are more oftener exercised without reference to the power of the physical organ. Their inclinations and propensities, of whatever nature, intellectual, moral, or physical, are more powerful and uncontrollable, and they are more likely to

over-work and disturb the brain than women. Women are more calm and patient, they endure difficulties and afflictions better than men, who are more uneasy and impatient under trial. It is said, and with truth, that women sooner yield, but being elastic recover again, while men being more firm, resist longer, and then break without power to rise again as readily as females do, when they are cast down.

Jarvis was not the first to voice these opinions. And he was far from the last. The motherhood stereotype, heavily dependent on the notion of temperamental differences between the sexes, went far beyond psychiatric commentary and into the realm of Canadian asylum management. Typical was the division of labour among asylum inmates. While the male patients worked the grounds or the asylum farm, female patients were kept busy cleaning the wards, performing needlework, or otherwise engaged in 'various domestic duties.' The staff of the asylum was also divided accordingly. Each asylum had a steward and a matron to supervise attendants and patients. Richard M. Bucke, the noted medical superintendent of the London Asylum for the Insane (Ontario), for example, was utterly convinced that women — although intellectually inferior to men — had a superior 'moral' nature, exhibiting an innately greater capacity for love, faith, sympathy, and affection. This difference between the sexes, Bucke argued, was a product of evolution, having developed from the

motherly role assigned women by nature. Women were the 'civilizers' of mankind. On this basis, Bucke hired widows who evinced 'pleasant manners, industrious habits, good feeling, and above all, good sense' to work on the male wards at the asylum. The 'mere presence' of these women would check 'improper and unseemly talk and conduct.' Male attendants, on the other hand, were never used on the female wards in this manner.

Victorian psychiatrists agreed that while males and females shared many of the same causes of insanity, females were more likely to be affected by domestic trouble, grief, loss of friends, disappointed love, and religious mania. Moreover, as Edward Jarvis noted, 'females are alone exposed to those [causes] which grow out of the uterine and mammary structure and functions.' Pregnancy, nursing, and menstruation, or, in the jargon of Victorian psychiatry, 'the puerperal condition, lactation, and catamenial irregularities,' were considered to be prominent causes of insanity. Women were regarded by the profession as virtually prisoners of those bodily functions associated with motherhood and sexuality. By contrast, men had 'a firm and vigorous constitution.' This fact led one mid-century alienist to ask

if a very slight deviation from bodily health distorts or upturns their [men's] mental operations, how much more exposed must women be to such disturbances, who, in addition to the causes common to both, possess a more delicate organization, more refined sensibilities, more exquisite perceptions, and are, moreover, the subjects of repeated constitutional changes and developments of a magnitude and importance unknown to the other sex.

Following the 1860s, the category of 'puerperal insanity,' or the insanity of childbirth, was given increased attention. Included as a cause of insanity in women in every Canadian asylum report during the Victorian era, this imagined disorder was presumed to be related to ovaritis — a 'derangement of the genital functions' — detectable by the enlargement of the ovaries. Its treatment consisted of mechanical restraints, bleeding the patient to reduce mania, forced feeding, blistering the patient, and administering emetics and purgatives. In France, the 'ovary compressor' was invented to combat this condition. Puerperal insanity, it was argued, could 'terminate in recovery, in incurability, or in death.' Besides puerperal insanity, other psycho-pathological effects of pregnancy ranged from mild hysteria to 'homicidal propensities.' Women were likewise most susceptible to 'religious emotional insanity,' which Joseph Workman, a major figure in Cana-

dian psychiatric circles, attributed to 'structural and function defaults' of the female species arising with the onset of puberty. Even when it was assumed that a woman had gone insane as a result of desertion or seduction, her affliction was seen as having been 'intensified by a considerable degree of uterine derangement.'

Although the motherhood stereotype remained largely intact during the Victorian era, advances in surgical technique, especially in anesthesia (coupled with the growth of gynecology as a distinct sub-discipline) revolutionized the treatment of women — particularly insane women, whose affliction was perceived as having been caused by the disorders of motherhood. Following the annual meeting of the American Medical Association in 1865, a report of the Standing Committee on Insanity announced its finding that 'in women mental disease is often, perhaps generally, dependent upon functional or organic disturbance of the reproductive system.' Opinion was by no means unanimous (the psychiatric association disputed the claim entirely at first). Nevertheless, ovariectomies or hysterectomies became increasingly popular as a measure for treating psychological problems among women. In some instances, medical practitioners actually performed clitorectomies in their efforts to remedy the assumed innate pathologies of women. By 1873, one reviewer boasted that 'surgery has won no grander triumphs than in the field of the Ovariectomy.'

How little attitudes have changed is evidenced by lectures on 'mental diseases,' including one on puerperal insanity, delivered by Daniel Clark, the medical superintendent of the Toronto Hospital for the Insane and former President of the Medical Council and of the College of Physicians and Surgeons of the Province of Ontario, to the graduating medical classes in 1895. Puerperal insanity, he began, remained 'a very common form,' affecting about one in every 450 women. As the medical profession had become increasingly sceptical, during the 1880s and 1890s, of aiding insane women through gynecological surgery, Clark did not recommend surgery. Interestingly, among Clark's various points was one noting class distinctions and the prevalence of the affliction.

Puerperal insanity is more prevalent among the rich or well-to-do than among the poor. The artificial living, the less vigorous organism, the neurotic diathesis so prevalent in the higher stratum of society, the flabby organization for want of proper exercise, the overfeeding, late hours and the unnatural life of fashionable society and such like, all tend to physically and mentally unfit such to face the trials of

maternity. The introduction of healthy mothers from the humbler classes saves the race from extinction, as the well-known laws of heredity show.

Today we understand that one of the main reasons for the incidence of puerperal insanity in the Victorian era was, ironically, a consequence of medical practitioners delivering babies — a service which the well-to-do were more likely able to afford. Fastidious hygiene was only gradually being observed, fluctuating from doctor to doctor. Thus, it has been argued, doctors themselves infected their patients with unclean hands and instruments which on occasion led to blood poisoning. Even then, Clark cited the septic condition, along with the sympathetic and the phrenic, as being responsible for puerperal insanity. Today, it is evident that puerperal insanity had less to do with the nature of woman than it had to do with the nature of medical treatment itself.

Others in the profession continued to take the motherhood stereotype very seriously. For example, Richard M. Bucke embarked upon an experimental program of gynecological surgery at the London Asylum in the 1890s. Though accused by some colleagues of imagining diseases where none existed, Bucke vigorously defended his treatments by assuring critics that he never operated on insane women 'for insanity.' Rather, he wished merely to relieve visible physical distress in cases where 'no modern practitioner can or would attempt to deny the benefits of such treatment in the sane woman.' Moreover, he used an independent and outside opinion to confirm his diagnosis; one expert gynecologist and other surgeons, unattached to the asylum, assisted in the operations; friends and family of the patient were always asked for their approval; and the patient's personal physician was consulted. Non-gynecological surgery at the asylum resulted in no visible improvement in the mental condition of the patients, Bucke had found. But he claimed that 113 of 171 insane women who had undergone gynecological surgery under his supervision in 1899 had either recovered from their insanity or had become markedly improved. 'It is my conviction,' Bucke wrote, 'that very few of these patients would have either recovered or greatly improved if they had not been operated upon.' From a present perspective, Bucke's assertion can at best be designated as wishful thinking.

In another variation of the motherhood stereotype, the Victorian aversion to women leaving their proper sphere to acquire a higher education is well-known. Less well-known are some of the medical arguments on the supposed maternal requirements of society, which attempted to dissuade women from choosing an academic route. For example, in an article

entitled 'Influence on Women of Special Brain-Work,' published by the London *Lancet* in 1881, and reviewed in the *American Journal of Insanity*, the following argument was made. Besides the fact that 'the higher education of women is radically an economic mistake,' excessive study by women involved 'destruction and exhaustion of intellectuality.' The neurotic predisposition of children of highly cultivated parents was cited as evidence here. Hence, it was essential that the female 'be trained for the development of *capacity* — that is receptivity' rather than be pushed in alternate directions through formal education, for:

Experience seems to show that special brain-work, on the part of the mother, exhausts the energy of brain-development — or reproduction — which, if conserved, would express itself in the mental perfection of her male offspring. The operation of the law of 'development by work' — universal in its application under normal conditions — seems to be suspended when the work done is the result of a concentration of energy, by which force is drawn off from centres other than those thrown into special activity.

Commenting on the *Lancet* article, the review continued:

The article does not question the educability of women to the level of men in any particular direction, the greater pliability of the female mind seeming to render it, indeed, all the more susceptible of special achievements. It insisted, however, that 'the possible is not always the prudent,' and, in conclusion, raises a warning voice against jeopardizing the feminine stock and the entire race by encouraging women to stray beyond their appointed sphere, for the sake of mere ephemeral distinction — a mischief which can not but eventuate in increase of mental enfeeblement and insanity.

In summary, this glance at Victorian psychiatry appears to indicate that medical breakthroughs, such as the ovariectomy, were strongly influenced by the Victorian motherhood stereotype held by this male profession. The use of surgery and instruments like the ovary compressor were indeed horrendous and based on spurious 'scientific' grounds. Ironically, these 'treatments' were performed by well-meaning and otherwise responsible medical men who confused social definitions of reality with medical truth.

The extensive footnotes to this article have been omitted because of space constraints. For more information, contact Rainer Baehre, University of New Brunswick, Fredericton.

Recess

They have already dressed
the boys in dull colours
that 'won't show the dirt'
and the girls in red snowsuits
over pastel dresses
The schoolyard is paved because lawns
where children play become ragged
with baseball diamonds
Hopscotch they play jumping
from chalk square
to chalk square
gossip or skip endlessly
over patent ropes
Willingly
or surrounded helplessly
girls display their panties
But running games are forbidden
(Falls on asphalt can be so severe)
Red Rover has gone, the rough-house
of Statue, tag, Mr. Wolf
Between asphalt and sky
three Frost fences
and a brick wall
They take their prescribed exercise
in the lockstep of childhood
And they call this recess
an intermission this space
between two bells?
I call it the main event

Merle Wallis Bolick