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**Small Voices**

# Feigning Insanity in Late-Victorian Britain

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## Introduction

Feigned insanity has been ‘impressed upon the popular imagination from the earliest of times’, from the days of Ulysses and of King David.<sup>1</sup> William Shakespeare’s Hamlet and Edgar, the latter from King Lear, feigned insanity so perfectly we ‘forget they are feigned’.<sup>2</sup> Prior to the mid nineteenth century, discussions of feigned insanity tended to take place within broader discussions of malingering to avoid military service.<sup>3</sup> As the nineteenth century progressed, alienists, or psychiatrists as they are now known, felt it increasingly necessary to study the features of feigned insanity, and particularly convicts who feigned madness, with the aim of gaining admission into an asylum, in order to escape punishment.<sup>4</sup> Despite a wealth of scholarship on the history of psychiatry, prisons and criminals, historians have paid surprisingly little attention to how feigned insanity was understood and detected by British alienists, prison medical officers (PMOs) and asylum superintendents, or why convicts feigned insanity.<sup>5</sup> Utilizing the published works of alienists, PMOs and asylum superintendents, alongside the case files of convicts transferred from prison to Broadmoor Criminal Lunatic Asylum in the late-Victorian period, this paper does two things. First, it examines how Victorian medical men conceptualised feigned insanity, and shows how discussions of feigned madness related to broader concerns regarding the recidivist (also known as the habitual criminal or repeat offender). Second, it examines why convicts feigned madness, and the extent to which this corresponded to broader medical understandings of malingering. It is

suggested that convicts feigned insanity to resist the prison system, and to obtain respite from the harsh prison environment by being transferred to an asylum. Their attempts to do this demonstrate one way by which convicts could exercise agency within the regulatory Victorian prison system.

## Feigned Insanity: Why?

From the mid nineteenth century onwards, case studies concerning feigned insanity amongst Britain’s convict population appeared more frequently in medical journals. Alongside medical books, and the works of criminologists and PMOs, these studies show that medical understandings of feigned insanity were entwined with broader medical, cultural and social concerns regarding recidivism. An increasingly damning image of the male criminal emerged in scientific and legal discourse during the late 1860s and early 1870s, when representations of recidivists became couched in the language of science, sociology, and anthropology. With the rise of evolutionary theory, ideas regarding habitual criminality were supported by theories of mental and bodily degeneration. Recidivists were represented as being mentally weak, morally depraved and idle, and because their feelings were reportedly undeveloped they were driven by their unruly passions, and not by logic.<sup>6</sup> They belonged to the so-called ‘underclass’: they were insubordinate, and unable to ‘apply themselves to steady and systematic work’.<sup>7</sup> In 1875, Edmund Du Cane, chairman of the Prison Commission, described recidivists’ characteristics as being:

*entirely those of the inferior races of mankind  
— wandering habits, utter laziness, absence  
of forethought or provision, want of moral*

1. Norman, C. (1892) Feigned Insanity, in Hack Tuke, D. (ed) *A Dictionary of Psychological Medicine: Giving the Definition, Etymology and Synonyms of the Terms Used in Medical Psychology with the Symptoms, Treatment, and Pathology of Insanity and the Law of Lunacy in Great Britain and Ireland* London: J & A Churchill p. 502–505. 505.
2. Bucknill, J.C. (1858) *A Manual of Psychological Medicine: Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity, With an Appendix of Cases* London: Blanchard & Lea p. 330.
3. Chaney, S. (2016) Useful Members of Society or Motiveless Malingerers? Occupation and Malingering in British Psychiatry, 1870–194, in Ernst W. (ed) *Work Therapy, Psychiatry and Society, c. 1750–2010* Manchester: Manchester University Press p. 277–297. 286.
4. Robertson, A. (1872), Feigned Insanity, *Journal of Mental Science*, 18, p. 232–233.
5. For a brief consideration, see Brown, A. (2003) *English Society and the Prison: Time, Culture and Politics in the Development of the Modern Prison, 1850–1920* Woodbridge: The Boydell Press p. 96.
6. For example, Douglas, A. R. (1898) Penal Servitude and Insanity, *Journal of Mental Science*, 44, p. 271–277. 275; Nicolson, D. (1873) The Morbid Psychology of Criminals, *Journal of Mental Science*, 19, p. 222–232. 231.
7. Maudsley, H (1884) *Body and Will: Being an Essay Concerning Will in its Metaphysical, Physiological, and Pathological Aspects* New York: D. Appleton and Company p. 276. 277; Morrison, W. D. (1891) *Crime and its Causes* London: Swan Sonnenschein & Co. p. 225–6.

sense, cunning ... and instances may be found in which their physical characteristics approach those of the lower animals so that they seem to be going back to the type of what Professor Darwin calls 'our arboreal ancestors'.<sup>8</sup>

Ideas regarding recidivism fed directly into medical depictions of convicts who feigned insanity; feigners were 'brutes' and 'specimens' who were 'slaves of their passions'.<sup>9</sup> They were shrewd, idle, impulsive and immoral,<sup>10</sup> their desire to feign insanity presumed a symptom of their naturally 'low [mental] type':<sup>11</sup> the feigning criminal is 'not intellectual enough to see the folly of his act'.<sup>12</sup> Feigning criminals were described in the *Lancet* as: 'naturally passionate, selfish and cruel; and intellectually, they are defective in grasp, power of concentration, judgment, but endowed with quick perceptive faculties and considerable cunning.'<sup>13</sup> Discussions of feigned madness belonged to wider efforts to medicalise moral behavior: to claim a recidivist had feigned insanity emphasized his inherent deviancy, which explained his efforts to resist authority. In his study of feigned insanity, assistant medical officer at Portland prison, David Nicolson, highlighted the case of one convict:

*We have a man under circumstances distasteful and irksome to him, to escape from which there is nothing that he would not try. One means of release from the hard work, precise regularity, limited diet, and restricted intercourse of ordinary prison life, is insanity, and hence the attempts made to simulate it.*<sup>14</sup>

Similarly, feigning insanity was a method by which convicts sought to confront and escape from their imprisonment.

Medical and prison officials assumed that with criminals, 'the temptation to escape punishment is, of course, very great; and there is no punishment regarded as equal to that of hard labour by a large class of men who have been engaged in a life-long struggle to escape steady work of all kinds.'<sup>15</sup> There was a clear class element to such discussions; the detection of feigned madness was, as Simon Wessely observed in his examination of civilian malingering, 'a semi class war'.<sup>16</sup> We see middle-class medical men discussing recidivists' desires to avoid work, and thus their social obligations, outside and inside prison. In addition, imposture was associated with recidivists' innate deviance and immorality, rather than the fierce prison environment within which they were confined.

The Victorian prison regime was notoriously tough; it was 'hard, uncompromising...and unpleasant.'<sup>17</sup> There was little social interaction, a lack of individual control, diet was limited, cells were small, and hard labour was grueling. Based on an examination of prisoners' writings, historians have described the 'private hell' experienced by some convicts who found imprisonment mentally testing.<sup>18</sup> In their respective works, Alyson Brown and Joe Sim described how the actions of some convicts — self-

injury and suicide, hunger strikes, shouting, violent and disruptive displays — suggested that they were unwilling or incapable of enduring their sentence.<sup>19</sup> Similarly, feigning insanity was a method by which convicts sought to confront and escape from their imprisonment. When Oscar Wilde petitioned for his discharge from prison, he attempted to attribute his offence to 'sexual madness' and referred to the work of Italian criminologist Cesare Lombroso and Hungarian journalist Max Nordau to highlight 'a

8. Quoted in Wiener, M. J. (1990) *Reconstructing the Criminal: Culture, Law and Policy in England, 1830–1914* Cambridge: Cambridge University Press p. 300.
9. Nicolson, D. (1869-70) Feigned Insanity; With Cases, *Journal of Mental Science*, 15, p. 536–563. 540. 542. 551.
10. Ibid p. 551.
11. Feigned Insanity, *Chambers's Journal of Popular Literature, Science, and Art*, October 20 1883 p. 657–659. 657; Robertson, A. (1881), Case of Feigned Insanity, *Journal of Mental Science*, 27, p. 384–391. 390.
12. Nicolson, (Op. Cit.) p. 542.
13. Feigned Diseases, *Lancet*, 20 January 1872 p. 93.
14. Nicolson (Op. Cit) p. 542.
15. Feigned Diseases (Op. Cit.) p. 93.
16. Wessely, S. (2003) Malingering: Historical Perspectives, in Halligan, P. W. et al. (eds) *Malingering and Illness Deception* Oxford: Oxford University Press p. 31–41. 34.
17. Sim, J. (1990) *Medical Power in Prisons: The Prison Medical Service in England 1774–1989* Milton Keynes and Philadelphia: Open University Press p. 32.
18. Priestley, P. (1985) *Victorian Prison Lives: English Prison Biography, 1830–1914* Cambridge University Press p. 52.
19. Brown (Op. Cit.) p. 93; Sim (Op. Cit.).



connection between madness and the literary and artistic temperament.<sup>20</sup> He told the Home Secretary that 'during the entire time he was suffering from the most horrible form of erotomania, which made him forget his wife and children, his high social position... the honour of his name and family... and left him the helpless prey of the most revolting passions.'<sup>21</sup> Wilde failed, but other convicts successfully claimed insanity.

In 1890, Barbadian Joseph Denny broke into Dartmoor prison, where he had served eight years penal servitude. When guards discovered him, Denny said he had 'come to murder' the chief warder. Following his arrest, Denny claimed his intentions were justified because the chief warder had placed him 'in irons only because he was a man of colour and a plain speaker', and flogged him without reason on numerous occasions.<sup>22</sup> At Denny's trial, the chief warder contended Denny had been flogged for refusing to pick oakum, and recalled his disruptive and troubling behaviour. During the trial, a newspaper reported that Denny had spent most of his life in prison, where he always misbehaved. One of Denny's contemporaries at Dartmoor told the journalist Denny 'was always getting into trouble'; he refused to do anything that was asked of

him, and prison staff and convicts feared his violent behaviour. This bad behaviour resulted in frequent floggings and solitary confinement. He concluded Denny's 'life in prison was certainly a hard one, but I think that he brought most of it on himself. Life at Dartmoor even for the best-behaved prisoners is dreary and terrible, and nobody who has ever been there wants to go back.'<sup>23</sup> Denny certainly did not, exclaiming 'if ever there was a hell Dartmoor was hell'.<sup>24</sup> When tried, despite his 'emotional manner' and pleas 'for mercy to allow him to live a better life', Denny was sentenced to 12 months hard labour, and was returned to Dartmoor. Immediately following his conviction, Denny made 'several false confessions of murder' and as a result was believed to have

'developed into a raving maniac'.<sup>25</sup> He was transferred to Broadmoor Criminal Lunatic Asylum, where he confessed to feigning madness and was subsequently transferred back to prison. In Denny's case we see a prisoner whose earlier attempts to resist the prison regime through violence and disobedience were futile, and who, when once again faced with penal servitude at a prison he despised, attempted to avoid imprisonment by feigning madness. Indeed, feigning insanity was rarely convicts' first method of resisting the prison regime, and in some cases only occurred when all other efforts had failed, or had resulted in punishment. We see in Nicolson's case studies convicts who, prior to shamming insanity, had tried to exercise their will by refusing to work, going on hunger strike, and being disruptive and violent.<sup>26</sup>

Concerns about malingering emerge at particular points in time, and they appear to be associated with changing social conditions. Prior to the 1870s, most discussions focused on the simulation of disease to escape military service, and historians have shown that heightened concerns about civilian malingering emerged alongside the rise of social welfare in the late nineteenth and early twentieth centuries.<sup>27</sup> It appears that concerns criminals might feign

## In 1890, Barbadian Joseph Denny broke into Dartmoor prison, where he had served eight years penal servitude.

insanity intensified as debates regarding recidivism hardened, and as the Victorian asylum gained attention for its apparent leniency. Convicts such as Denny may have feigned insanity knowingly, with the aim of avoiding punishment by gaining admission to the prison infirmary, or a transfer to an asylum. Echoing American alienists, British alienist George Fielding Blandford believed that feigning amongst criminals was probably a means of 'getting into comfortable asylum quarters',<sup>28</sup> and it was reported in the *Journal of Mental Science*: 'It might well be also that as the knowledge of the comforts of asylum life, with its general amenities, is now wide-spread through all ranks of the community ... [prisoners] ... being aware of it, might prefer that form of confinement, with all its drawbacks, to the more rigorous discipline of

20. Wilde's Petition to the Home Office (2000), in Holland, M. and Hart-Davies, R. (eds) *The Complete Letters of Oscar Wilde* London: Fourth Estate p. 656.

21. Ibid p. 657.

22. A Dartmoor Ex-Convict's Thirst for Revenge: Extraordinary Threats in Court, *Pall Mall Gazette*, 20 August 1890..

23. Breaking into a Prison: Revelations of Convict Life, *Lloyds Weekly Newspaper*, 24 August 1890.

24. 'A Dartmoor Ex-Convict's Thirst for Revenge' (Op. Cit.).

25. Berkshire Record Office (BRO), D/H14/D2/2/1/1517, Home Office Notes, 20 March 1891; D/H14/D2/2/1/1517, newspaper report.

26. Nicolson (Op. Cit.).

27. Wessely (Op. Cit.).

28. Geller, J. L. et al. (1991) Feigned Insanity in Nineteenth-Century America: Experts, Explanations, Evaluations and Exculpations, *Anglo-American Law Review*, 40:4, p. 443–481. 467; Fielding Blandford, G. (1892) *Insanity and its Treatment: Lectures on the Treatment, Medical and Legal, of Insane Patients* Simpkin, Marshall, Hamilton, Kent p. 443.

the prison.<sup>29</sup> One asylum was Broadmoor, which opened in 1863 just as discussions regarding criminality were changing. In contrast to penal servitude, some contemporaries deemed life at Broadmoor unnecessarily luxurious, particularly for convicts. It was reported in *Lloyds Weekly Newspaper*:

*the system is so mild that ... the inmates eat, drink, laugh and grow fat. There is no sign or trace of insanity about a number of them, and when spoken to on the subject the attendants seem highly amused at the tricks which must have been used to fool doctors ... so as to secure admission to this 'paradise'.*<sup>30</sup>

Broadmoor's regime was similar to that at other Victorian asylums; its focus was on treatment, not punishment. Upon admission, convicts were free to communicate with the asylum's staff, patients, and their families. They could acquire a trade, practice their religion, learn to read and write, and access numerous forms of leisure activities and entertainments.<sup>31</sup> Following a visit to the asylum in 1881, alienist Daniel Hack Tuke observed that convicts 'enjoy the ... comfort of the asylum' and 'are very likely to sham madness in order to stay there.'<sup>32</sup> Experiencing brief respite in an asylum before they were transferred back to prison might also have inspired convicts to encourage others to sham illness. Thomas Kelly confessed why and how he feigned insanity before he was transferred to Broadmoor:

*Sir, in the year 1860 I came to Millbank. After staying there for some 6 months I was removed to what was called association, and there I met with a convict ... and under his tuition I was persuaded to feign insanity. So one night shortly after locking up time I commenced to break the window. I was ... marched off to the dark cells and lodged*

*there for the night. On the next day I was taken before the governor and interrogated ... and still maintaining my assumed state, he could not obtain any satisfactory answer.*<sup>33</sup>

Asylums such as Broadmoor certainly appeared humane when compared to a prison system that some contemporaries claimed dehumanized convicts, stripping them of agency.<sup>34</sup> Even within such systems, though, as French philosopher Michel Foucault recognised, 'there always remain the possibilities of resistance, disobedience, and oppositional groupings.'<sup>35</sup> Feigning insanity was one of the ways — alongside the protests, violence, and riots that historians have examined — that prisoners sought to resist their imprisonment and exercise some measure of free will; it was a way to reclaim some of the power they had lost as a result of being imprisoned within a system designed to silence them, and regulate their behaviour. Of

course, convicts were merely maneuvering a transfer from one institution of control to another, but regulation at Broadmoor was not as obvious.

### **Punishing and Detecting Feigned Insanity**

Feigning insanity — and resisting the prison regime more broadly — gave convicts a brief semblance of power and control, but ultimately the medical system

within which they were operating could not be defeated. As Brown found, 'any activity by prisoners through which they attempted to assert their own will, or to determine the conditions of their imprisonment in opposition to the rules and regulations, was liable to be punished.'<sup>36</sup> When they were certain shamming was taking place, some PMOs resorted to punishment. Nicolson recorded flogging and secluding feigners, and recalled sentencing one patient to spend a night in a straitjacket to 'tame' his 'exaggerated emotions', and another to 'twenty days' confinement to his own cell, upon a diet of Indian meal — the special punishment'.<sup>37</sup> Nicolson, like some other PMOs and alienists, also used the galvanic battery; a device he claimed 'should not be

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29. Robertson, A. (1883), Case of Feigned Insanity, *Journal of Mental Science*, 29, p. 81–90. 85.

30. Startling Scandals at the 'Murderers Paradise' (Broadmoor), *Lloyds Weekly Newspaper*, 7 August 1898. Also, Life in a Criminal Lunatic Asylum: Coddling our Murderers, *Dundee Courier and Argus*, 26 July 1898.

31. Shepherd, J. (2016) I am very glad and cheered when I hear the flute: The Treatment of Criminal Lunatics in Late Victorian Broadmoor, *Medical History*, 4, p. 473–491. 485–488.

32. Hack Tuke, D. (1882) *Chapters in the History of the Insane in the British Isles* London: Kegan Paul, Trench & Co. p. 274.

33. BRO, D/H14/D2/2/1/1058/20, letter from Kelly.

34. Brown (Op. Cit.) p. 24.

35. Foucault, M. (1991) in Rabinow, P. *The Foucault Reader: An introduction to Foucault's Thought* Harmondsworth: Penguin p. 245.

36. Brown (Op. Cit.) p. 2.

37. Nicolson (Op. Cit.).

used to detect, but to put a stop to pretended madness.<sup>38</sup> He recorded using the battery on a number of convicts he suspected of imposture, including M.D. Whilst in prison, M.D. began to display symptoms that might have suggested he was mentally ill but, knowing he disliked his prison work, Nicolson believed he was feigning insanity. Remembering a visit to the convict's cell, Nicolson recorded his frustration that he had not confessed his malingering, and the events that followed:

*I fear I was uncharitable enough to jerk him out of his cell by the coat collar ... He was at once removed to the surgery and permitted to taste the battery. He took it quietly at first, but the current of galvanism came to prevail over his thoughts, and he cried, 'oh! oh!' I asked him if he would give up his nonsense. No answer. Out came the regulation button a little. 'Now will you give it up?' ... 'Oh! Yes, sir; stop! and I'll give it up.' He then stood up among the officers, looking rather ashamed ... I sent him off, telling him he was a disgrace not only to his mother, but to all his fellow prisoners.<sup>39</sup>*

Nicolson deemed these punishments successful; the feigning recidivist became rational and orderly. Nicolson also used the galvanic battery as a threat, his article littered with phrases such as, 'He was told that he would have a strong dose of it twice a day until he gave up his foolery'.<sup>40</sup> Punishments and threats functioned as ways to bring malingerers back into the regulatory fold. Of course, the fear of being subject to such practices might also have encouraged

those were really mentally ill to conform as best they could.

Medical men agreed that uncovering feigned madness was sometimes challenging, particularly 'when we have to examine men and women in whom madness and badness are so intermingled that observers cannot determine which it is that determines their conduct.'<sup>41</sup> In their published works, alienists and some PMOs advised how feigned madness might be detected. They tended to agree that imposture was difficult, and that successful deception required detailed understanding of the different types of insanity.<sup>42</sup> Owing to their 'mediocre intellect' and innate ignorance, convicts allegedly lacked the knowledge required to mislead for long; they were not Shakespeare's 'educated gentlemen',

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and their performances represented nothing more than popular understandings of madness.<sup>43</sup> Mania was the most frequently feigned mental disease; its raving, violence and incoherence fitted perfectly with popular notions of insanity.<sup>44</sup> This was convicts' undoing, for 'no sane person can maintain the incessant action, singing, and shouting of a genuine maniac for any but the shortest time' without becoming exhausted.<sup>45</sup> Some alienists thus advised that careful and persistent watching was

sufficient action to uncover feigned insanity; incapable of prolonged feigning, the sane man soon 'throws off the mask'.<sup>46</sup> Others recommend giving convicts a dose of opium or an injection of 'morphia', because it was assumed they would not affect 'the real maniac', but would send feigners to sleep.<sup>47</sup> Other suspect characteristics and actions included declarations of insanity (genuine lunatics did not

38. Ibid; Pitt-Lewis, G et al. (1895) *The Insane and the Law: a Plain Guide for Medical Men, Solicitors and Others* London: J & A Churchill p. 48; Blandford (Op. Cit.) p. 447–448.

39. Nicolson (Op. Cit.) p. 547–548.

40. Ibid.

41. Blandford (Op. Cit.) p. 446.

42. Bucknill, J. C. and Hack Tuke, D (1879) *A Manual of Psychological Medicine: Containing the Lunacy Laws, the Nosology, Aetiology, Statistics, Description, Diagnosis, Pathology, and Treatment of Insanity: with an appendix of cases* London: J & A Churchill p. 476.

43. Feigned Insanity (Op. Cit) p. 657; Wentworth Acland, H. (1844) *Feigned Insanity, How Most Usually Simulated, and How Best Detected: An Essay to Which Was Awarded the Gold Medal in the Class of Medical Jurisprudence in the University of Edinburgh, July, 1844* R. Clay, Printer p. 9.

44. Winslow, L. F. (1898) *Mad Humanity: Its Forms Apparent and Obscure* London: C. A. Pearson, Ltd. p. 81; Maudsley, H. (1867) *The Physiology and Pathology of Mind* London: Macmillan & Co. p. 411–412.

45. Blandford, (Op. Cit.) p. 445. Also, Winslow (Op. Cit.) p. 81.

46. Norman (Op. Cit.).

47. Guy, W. A. and Ferrier, D. (1888) *Principles of Forensic Medicine* H. Renshaw, p. 203; Shaw, J. (1892) *Epitome of Mental Diseases: with the Recent Methods of Certification of the Insane, and the Existing Regulations as to 'Single Patients', for Practitioners and Students* Simpkin, Marshall, Hamilton, Kent, p. 147.

claim to be mad), and a lack of bodily illness.<sup>48</sup> Feigners were deemed incapable of reproducing the physical ailments that accompanied insanity, including a high temperature, perspiration, furred tongue, and dry skin.<sup>49</sup> Such understandings of how to detect mental illness expose the limited nature of medical knowledge at the time, and attempts to control the behavior of sane but rebellious convicts.

Despite a rapidly expanding body of literature advising how to detect feigned insanity, some PMOs struggled to recognise imposture. In 1896, one PMO swiftly declared a convict was insane and had him transferred to Broadmoor, only to change his mind a few days later.<sup>50</sup> Other PMOs seemingly had a basic understanding of insanity, one that echoed popular notions of the disease: violence, disruption and rowdiness. It is not surprising that hasty decisions were sometimes made to transfer a convict to an asylum given the pressures PMOs faced. Following the 1865 Prisons Act, they were required to regularly inspect all prisoners alongside their regular duties of visiting the infirmary and looking out for malingerers; they were thus regularly seeing upwards of one hundred patients a day, with many different ailments.<sup>51</sup> This highlights two problems: PMOs did not have the time to undertake prolonged examinations of all criminals suspected of imposture, as some alienists' advised, and thus some feigning was inevitably undetected;<sup>52</sup> and they were not experts on insanity. Perhaps in an effort to overcome these issues, some PMOs invited alienists into prison to examine suspected malingerers. When writing about feigned diseases, some British alienists explicitly stated the need for 'skilled alienists' to diagnose convicts' mental states.<sup>53</sup> Lacking expert knowledge, all PMOs had to go on was 'the sincerity of their patients.'<sup>54</sup>

## Under the Broadmoor Act (1860), on the advice of the PMO, and the instruction of the Home Office, allegedly insane convicts could be transferred to Broadmoor.

Whilst we do not see the outright derision American PMOs faced from alienists when it came to detecting feigned insanity, the battle for authority over mental illness bubbled under the surface of discussions on imposture in Britain.<sup>55</sup>

Under the Broadmoor Act (1860), on the advice of the PMO, and the instruction of the Home Office, allegedly insane convicts could be transferred to Broadmoor.<sup>56</sup> Under the Insane Prisoners Act amendment (1864) if any prisoner was suspected to be mad then he was to be examined by two physicians or surgeons (or one physician and one surgeon).<sup>57</sup> If the prisoner was found insane then the Home Secretary authorised their transfer to an asylum. Once at Broadmoor, the asylum's medical officers and superintendents observed convicts, as they did any patient. The records suggest that observation was the only means of detecting feigned insanity at the asylum, and there is no suggestion that Nicolson, who began working as deputy superintendent of Broadmoor in 1876 (he became superintendent in 1886), used the galvanic battery, straitjacket, flogging or seclusion to detect or punish feigned madness; the only punishment was a transfer back

to prison. Broadmoor's medical officers and superintendents seemingly had a stricter standard of insanity than PMOs, and they were not convinced that the violent and disruptive behavior that had caused some convicts to be transferred to the asylum was the result of insanity.<sup>58</sup> Following Frederick Martin's transfer to Broadmoor it was recorded: 'this man has not displayed any symptoms such as would lead to the opinion that he is really insane, and it is probable that the mental derangement from which he was reported to have suffered in ... prison was simulated.'<sup>59</sup> He was

48. Pitt-Lewis et al. (Op. Cit.) p. 45; Smith, R. P. and Hawke, J. A. (1895) *The Insane and the Law: a Plain Guide for Medical Men, Solicitors and Others* London: J & A Churchill p. 45; Blandford (Op. Cit.) p. 444.

49. Bucknill and Hack Tuke, (Op. Cit.) p. 469; Blandford (Op. Cit.) p. 445.

50. BRO, D/H14/D2/2/1/1720, letter to the Home Office; D/H14/D2/2/1/1720, certificates of sanity and transfer.

51. The Medical Department of the Convict Service, *British Medical Journal*, March 31 1877 p. 401.

52. Bucknill and Hack Tuke (Op. Cit.) p. 469.

53. Norman (Op. Cit.); Winslow (Op. Cit.) p. 80.

54. Feigned Diseases (Op. Cit.) p. 92.

55. Geller et al. (Op. Cit.) p. 475.

56. Criminal Lunatic Asylum. A Bill to Make Better Provision for the Custody and Care of Criminal Lunatics, 1860 (175) 11.811.

57. Insane Prisoners Act amendment. A bill to amend the act third and fourth Victoria, chapter fifty-four, for making further provision for the confinement and maintenance of insane prisoners, 1864 (4) II.347.

58. Nicolson, D. (1875) The Morbid Psychology of Criminals, *Journal of Mental Science*, 21, p. 225–253. 231.

59. D/H14/D2/2/1/1720 (Op. Cit.). For a similar case, D/H14/D2/2/1016, Thomas Smith's case file.

returned to prison. Some patients made it easy for the asylum's medical staff by confessing their imposture. Following Joseph Denny's arrival at Broadmoor, Nicolson recorded:

*[he] [h]as been well conducted and has worked quietly in the ward since admission. He states that his great hatred of the chief warden at Dartmoor still exists but that his apparent delusions of his food being poisoned, his having committed murder, and of his attempted suicide, were all put on.*<sup>60</sup>

Denny was transferred back to prison one month after his arrival. It might be that some recidivists who successfully feigned insanity to escape the prison environment found Broadmoor did not offer the freedom and kindness they had expected. Hardening attitudes towards criminals were reflected inside Broadmoor's walls, and can be seen in the reports and publications of its superintendents. Some convicts complained they were not as welcome, nor afforded the same luxuries, as Broadmoor's Queen's pleasure patients (individuals who had been found insane when tried).<sup>61</sup> Genuinely insane convicts found they were not always welcome at the asylum, and thus it is not surprising that sane convicts were swiftly returned to prison once their deception had been uncovered.

Of course, some convicts could have feigned insanity for years without detection, their imposture unrecorded. Convicts could also feign too successfully. If convinced of their insanity, Broadmoor's staff could keep convicts at the asylum long after their prison sentences had expired, much to the annoyance of some

convicts who believed they would be discharged as soon as they had served their time.<sup>62</sup> In an apparent attempt to obtain release, one convict tried to convince Broadmoor's medical officers he was only there because he had previously feigned insanity; he failed to persuade them, and died at the asylum.<sup>63</sup>

## Conclusion

Medical ideas regarding feigned insanity were clearly connected to hardening attitudes towards the criminal; imposture was seemingly viewed as a symptom of recidivism, tied to the innate mental weakness of the offender. It is clear that convicts who feigned insanity (successfully or not) did so to escape the harsh prison environment, and in doing so managed to exercise a fraction of the agency they had lost. Hardening attitudes towards recidivism, the emergence of Broadmoor, and the subsequent publicity surrounding its leniency towards criminals, certainly appear to have encouraged discussion of convicts who feigned insanity within medical and prison circles, and to have influenced some convicts to sham in an effort to be transferred to an asylum. Alongside historians' work on late nineteenth and early twentieth century civilian malingering, we can see that evolving social conditions affected perceptions and occurrences of feigned insanity. From the late nineteenth century, Broadmoor became increasingly prison-like, and the Prison Act (1898) called for more humane living conditions and the abolition of hard labour; how — or if — these changes affected instances and discussions of feigned insanity remains to be explored.

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60. BRO, D/H14/D2/2/1/1517, Home Office Notes, 20 March 1891.

61. Shepherd (Op. Cit.) p. 485–488.

62. This also happened at other asylums. Saunders, J. (1981) Magistrates and Madmen: Segregating the Criminally Insane in Late-Nineteenth Century Warwickshire, in Bailey, V. (ed) *Policing and Punishment in Nineteenth Century Britain* London: Croom Helm p. 217–241. 229.

63. BRO, D/H14/D2/2/1/1058, Thomas Kelly's case file.