

5 'He Puts on Symptoms of Incoherence'

Feigning and Detecting Insanity in Nineteenth-Century Prisons

In November 1889, Dr R.M. Gover, Medical Inspector of Prisons, travelled to Derby to investigate the case of two prisoners who had allegedly feigned insanity, 'acted the lunatic', in Nottingham and then Derby Prison. The case would trigger heated exchanges between the Commissioners of Lunacy and Prison Commissioners regarding the mental state of convict George Hamsley, apparent ringleader of the two-man attempt to escape the grim conditions of the prison for the milder regime of the asylum. Hamsley's determined efforts to achieve this were described to Gover on his visit to Derby Prison by his then repentant accomplice, fellow-prisoner, Oliver Porcia. Porcia explained to Dr Gover that he had met Hamsley in Nottingham Prison while at exercise. The two were put in adjacent dark cells for being noisy and agreed to make a noise all night. 'If', Hamsley advised Porcia, 'we act the lunatic, we shall both be sent to the asylum, and should then get plenty of good food.'¹ The pair continued with their disruptive behaviour, smashing the cell ventilators, laughing and 'footstepping'. The Governor had Porcia put in irons, but, egged on by Hamsley, he went on with the violence and noise, Porcia recollecting how 'I hankered after the good diet, the cricket playing and talk of the Asylum,' though he dared not 'go partner with him in tearing up my clothes, as I was afraid of a flogging'.² Both were moved in due course from Nottingham, not to the asylum, but, to their intense disappointment, to Derby Prison. There they continued to feign insanity but without the desired effect. On the day of his discharge, however, Hamsley finally got his wish granted. Furious at the absence of the gratuity and set of clothes that he had anticipated on leaving prison, he marched directly from the prison to Derby Town

¹ The National Archives (TNA), HO 144/477/X22478 4a, Lunacy: Prisoner admitted to Lunatic Asylum on the Day Following his Discharge from Prison, 1889 (1897). Copy report by Dr Gover, Medical Inspector, dated 11 Nov. 1889. (The case appears to have been filed almost a decade later.)

² *Ibid.*

Hall where he talked incoherent nonsense to the policeman on duty. He was duly seen by the police surgeon and removed to Derby Borough Asylum. The Superintendent of Derby Asylum and his colleague at Leicester Asylum, where Hamsley was subsequently taken, were convinced of Hamsley's madness and that he was a 'genuine lunatic', much to Inspector Gover's exasperation.³

Unusual in its detail and in Porcia's confession that the two men were indeed feigning insanity, this case provides rich evidence of prisoner agency and knowledge of the prison system. While Hamsley and Porcia did not succeed in their aim of being transferred to an asylum, through their assertive actions they were able to disrupt the regimes of two prisons, create a good deal of work for the prison officers and prompt a top-level inquiry. The case also highlights a common assumption, held by both prison officers and prisoners themselves, that in stark contrast to the deprivations and harsh regime of the prison, the asylum offered a milder discipline, good diet, comfortable surroundings and a variety of amusements. Dr Tennyson Patmore, Medical Officer at Wormwood Scrubs Convict Prison, affirmed that criminals 'appear to graduate with highest honours in malingering ... which may procure for the "insane" adept the genial luxuries of asylum life with its tobacco, cricket, dances, and so on'.⁴ 'The temptation to feign insanity in order to become subject to the necessarily milder discipline here must be great,' noted George Revington, Resident Physician and Governor at Dundrum Criminal Lunatic Asylum, in 1898. Convicts returned from Dundrum to prison, he explained, 'convey exaggerated ideas of the comforts of Dundrum to their fellow-prisoners'.⁵

Prisoners would go to great lengths to be moved to an asylum, though they then risked long-term or permanent incarceration. 'The man who feigns madness is playing with very dangerous tools,' asserted one prisoner observer. Once labelled 'balmy' or 'weak-minded', prisoners could lose their chance of remission and find themselves not on a brief respite visit to Broadmoor Criminal Lunatic Asylum but a permanent stay.⁶ The concerns of prison administrators were somewhat different; they feared that removal to an asylum would offer prisoners who successfully feigned mental illness opportunities for easy escape, as well as enabling them to

³ Ibid.

⁴ Tennyson Patmore, 'Some Points Bearing on "Malingering"', *British Medical Journal*, 1:1727 (3 Feb. 1894), 238–9, at p. 239.

⁵ Report on District, Criminal and Private Lunatic Asylums in Ireland, 1898 (1898) [C.8969], Appendix B: Central Criminal Asylum Dundrum: Report of the Resident Physician and Governor, p. 73.

⁶ Jabez Spencer Balfour, *My Prison Life* (London: Chapman and Hall, 1907), p. 77.

avoid their due punishment. While conditions for insane convicts at Broadmoor were inferior to the Queen's Pleasure patients, those found insane prior to or during their trial, they were still superior to prison regimes. At Dundrum Criminal Lunatic Asylum convict patients were differentiated from those admitted at the Lord Lieutenant's pleasure; regarded as tainted by their criminality, when viable in the frequently overcrowded asylum, they were separated from the other patients. However, they still were subject to the same conditions of treatment as other Dundrum inmates, that is, first and foremost as asylum patients rather than criminals. Meanwhile, prisoners transferred to public asylums in England and Ireland were likely to be treated in a similar way to ordinary pauper patients.⁷

This case also reflects the more widely felt uncertainty in determining the authenticity of cases of mental disorder among prisoners. The evidence suggested that Hamsley was feigning. That at least is what Porcia claimed. But we can question how seriously we take his account, given that Porcia may not have been the most reliable of witnesses, and was keen when he spoke to Inspector Gover to both attribute blame and express regret for his own actions. Porcia asserted that he had been persuaded, duped, by Hamsley into acting the fool. He convinced Gover, who declared that he had no reason to disbelieve Porcia; he had dropped his attempts at imposture and was behaving well. Gover noted, meanwhile, that Hamsley was an 'inveterate schemer' and 'old prison hand'. He had been in Leicester Prison eight times as well as reformatories at Worcester and Birmingham.⁸ The prison chaplain and doctor at Nottingham also concluded that Hamsley was not suffering from insanity, and indeed he had been flogged for his feigning attempts shortly before he left Derby Prison, an action that infuriated the Lunacy Commissioners who believed (based apparently on information they received after Hamsley entered the asylum) that he was insane. In the end, Hamsley managed to convince not one but two asylum medical

⁷ Jade Shepherd, "'I Am Very Glad and Cheered When I Hear the Flute": The Treatment of Criminal Lunatics in Late Victorian Broadmoor', *Medical History*, 60:4 (2016), 473–91, at p. 475; National Archives of Ireland (NAI), Chief Secretary's Office Registered Papers (CSORP)/1905/12904, *Report on the Committee of Inquiry into Certain Doubtful Cases of Insanity Amongst Convicts and Person Detained*, 1905, p. 15. Insane convicts transferred from prisons were retained in Broadmoor and Dundrum until their sentences expired, when they were discharged to another asylum or released, or were declared sane and sent back to prison until the end of their sentences. Prisoners removed to public asylums whether from prisons or from criminal lunatic asylums could remain there indefinitely if considered uncured. See ch. 4 for details of transfers of prisoners between prisons and asylums.

⁸ TNA, HO 144/477/X22478, Lunacy: Prisoner admitted to Lunatic Asylum, 1889 (1897).

superintendents of his insanity, doctors experienced in assessing mental disorder and presumably cautious about admitting ex-prisoners and malingerers to their already over-packed institutions. Finally, the case underlines the extent to which prison staff, and particularly prison medical officers, claimed that they and they alone had developed a special knowledge and practical ability to detect and unveil cases of feigning.

The Superintendent of the Derby and Leicester Lunatic Asylums believe Hamsley to be a genuine lunatic, but it is to be remarked that the Superintendents of Asylums have no great experience of imposture and are not so well qualified to judge a case of this character as a shrewd and skilful Medical Officer to a Prison, like Dr Greaves of Derby. The opinion I have formed, after careful consideration and inquiry, is that the man Hamsley is a crafty impostor – reckless, ill-tempered, ill-conditioned and idle; and that the Visiting Committee and other authorities of Derby Prison treated him according to his deserts.⁹

Feigning in Prison

The prison has loomed small in terms of historical scholarship on feigning. While the phenomenon of malingering has been subject to widespread investigation in the context of military medicine, there has been little historical analysis of feigning within the prison system and few attempts to draw on evidence from individual prisons.¹⁰ The prison was also largely absent from debates and moral anxieties, ongoing at the turn of the twentieth century about the growing prevalence of feigning and its increasing visibility. In January 1905 the *Lancet* declared that

⁹ Ibid.

¹⁰ For malingering in military contexts, see Roger Cooter, 'Malingering in Modernity: Psychological Scripts and Adversarial Encounters during the First World War', in Roger Cooter, Mark Harrison and Steve Sturdy (eds), *War, Medicine and Modernity* (Stroud: Sutton, 1999), pp. 125–48; Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain, and the Great War* (Chicago: Chicago University Press, 1996); Ted Bogacz, 'War Neurosis and Cultural Change in England, 1914–22: The Work of the War Office Committee of Enquiry into "Shell Shock"', *Journal of Contemporary History*, 24:2 (1989), 227–56; Matthew Ramsey, 'Conscription, Malingering, and Popular Medicine in Napoleonic France', in Robert Holtman (ed.), *The Consortium on Revolutionary Europe, 1750–1850: Proceedings, 1978* (The Consortium on Revolutionary Europe: Athens, GA, 1978), pp. 188–99; R. Gregory Lande, *Madness, Malingering, and Malfeasance: The Transformation of Psychiatry and the Law in the Civil War* (Washington, DC: Brassey's, 2003). For feigning and resistance to work in asylum contexts, see Sarah Chaney, 'Useful Members of Society or Motiveless Malingerers? Occupation and Malingering in British Psychiatry, 1870–1940', in Waltraud Ernst (ed.), *Work Therapy, Psychiatry and Society, c. 1750–2010* (Manchester: Manchester University Press, 2016), pp. 277–97. Nichol has explored malingering in the context of convict protest in early nineteenth-century Australia: W. Nichol, "'Malingering" and Convict Protest', *Labour History*, 47 (1984), 18–27.

'shamming disease' or 'malingery' had 'reached a high point of perfection ... the rewards of proficiency are great'.¹¹ Referring to soaring levels of dependence on begging and charity, and pointing to the extraordinary lengths that feigners would go to elicit pity, assistance and admission to hospitals and convalescent homes, the article attributed this to widespread moral decay and reluctance to work. Meanwhile, in the army and navy 'strenuous exertions', including the self-infliction of severe injuries, were undertaken to avoid service and unpleasant duties.¹² The *Lancet* article made no mention of the context of the prison, and when Sir John Collie published what was to become a landmark text on malingering in 1913 he included only a handful of references to prisons.¹³

Yet for prison doctors working in both convict and local prisons feigning was far from a new phenomenon. It had preoccupied them since at least the early nineteenth century, and high levels of malingering were depicted as one of the main challenges of their already arduous roles. Alongside other disruptive and threatening behaviour – refusal to work, hunger strikes, violence and rioting – malingering challenged the maintenance of order in prisons, and added to the difficulties prison medical officers faced in maintaining prisoners' health while supporting the disciplinary regime of the prison.¹⁴ Prisoners were notorious for their talent and persistence in shamming, and detecting, reporting and, on many occasions, authorising the punishment of alleged cases of feigning – involving physical self-harm, suicide attempts, feigned disease or insanity – pitted prisoners against prison medical officers keen to assert their skills in uncovering deceit. Prison archives and official reports allude extensively to the trouble caused by feigning, one Salford prison surgeon, Henry Ollier, declaring in his quarterly report for winter 1831, that 'as usual much of the Surgeon's time has been occupied in judging between feigned and real sickness'.¹⁵ Many prison officers were recruited to prisons following army service, and might well have had experience of

¹¹ Anon., 'Malingery', *Lancet*, 165:4245 (7 Jan. 1905), 45–7, at p. 45.

¹² *Ibid.*, pp. 45–6.

¹³ Sir John Collie, *Malingering and Feigned Sickness* (London: Edward Arnold, 1913). A much-extended edition was produced in 1917, again with little on prisons. See also Anon., 'Recent Works on Malingering', *Dublin Journal of Medical Science*, 144:2 (Aug. 1917), 119–21.

¹⁴ For prisoner agency and prison riots, see Alyson Brown, *English Society and the Prison: Time, Culture and Politics in the Development of the Modern Prison, 1850–1920* (Woodbridge: Boydell, 2003); Alyson Brown, *Inter-war Penal Policy and Crime in England: The Dartmoor Convict Prison Riot, 1932* (Basingstoke: Palgrave Macmillan, 2013).

¹⁵ Lancashire County Record Office, QGR/4/31: Surgeons' Report: Salford House of Correction, Michaelmas 1831. Cited Peter McRorie Higgins, *Punish or Treat? Medical Care in English Prisons 1770–1850* (Victoria, BC: Trafford, 2007), p. 132.

malingering in military contexts; some concluded that prisoners – after all already practised in deception and subterfuge – were generally more adept and determined in their feigning efforts than soldiers.¹⁶

It was claimed that prisoners resorted to a variety of exploits to avoid transportation, punishment or heavy labour, to have prison discipline moderated, to get themselves transferred to the prison infirmary, where they could rest up and enjoy a better diet, or to prompt their removal to an asylum. These included eating soap or soda to fake disordered digestion or inserting copper wire or worsted to poison flesh to the much more extreme tactics of crushing limbs or self-maiming. In 1837 the prison surgeon at Coldbath Fields reported instances of scraping lime from the walls to cause skin inflammation and sores, forced vomiting and simulating the spitting of blood from the lungs. Prisoners also feigned madness and threw themselves off treadwheels in pretended fits.¹⁷ At Salford House of Correction prisoners were reported in the same year for injuring their legs and eyes, simulating dysentery by mingling their evacuations with blood and itch by pricking their fingers with pins.¹⁸ Former soldiers were said to be frequent offenders and passed on their knowledge to other prisoners, though it was observed of transfers of former soldiers from prison to Dunderum Asylum that these frequent malingerers might well 'overdo' their efforts and be easily detected.¹⁹ At Mountjoy Prison an attempted suicide had been preceded by the prisoner faking dysentery stools by mixing stirabout with blood from his nose, and cutting himself with tin and glass while confined in Down County Gaol. One convict at Spike Island, who subsequently committed suicide, complained of a skin eruption on his chest, which the medical officer believed was self-inflicted, as a series of pin scratches. Other prisoners claimed to be suffering from numbness and pain, and some refused

¹⁶ Major Arthur Griffiths (1838–1908), Inspector of Prisons and deputy governor of several prisons, had served in the army between 1855 and 1870, seeing active service in the Crimean War, and had run the convict establishment in Gibraltar before joining the English prison service: Bill Forsythe, 'Griffiths, Arthur George Frederick (1838–1908)', *Dictionary of National Biography (DNB)*, <https://0-doi-org/10.1093/ref:odnb/33581> [accessed 3 Jan. 2018]. Dr Robert McDonnell (1828–89), Medical Officer at Mountjoy Convict Prison from 1857 to 1867 and member of the Royal Commission on Prisons in Ireland, 1883–84, was stationed during the Crimean War at the British Hospital at Smyrna. From 1855 he served as civil surgeon at the General Hospital, Sebastopol: C.A. Cameron, *History of the Royal College of Surgeons in Ireland* (Dublin: Fanin and Company, 1916), pp. 496–9.

¹⁷ Higgins, *Punish or Treat?*, p. 134.

¹⁸ Report of the Inspectors of Prisons of Great Britain, Northern and Eastern District, 1837 [89], p. 71.

¹⁹ Report on the District, Criminal and Private Lunatic Asylums in Ireland, 1873 (1873) [C.852], Central Asylum Dundrum, p. 14.

food.²⁰ The medical officer of Chatham Prison reported for the year 1872 that out of 358 injuries and contusions, 163 had been 'wilful', including many attended with danger to life, and 27 fractures had been 'purposely produced', 16 resulting in immediate amputation. There had been 163 cases where objects were placed under the skin to create sores and 62 instances of mutilation or attempted mutilation.²¹ So eager were Chatham's prisoners to avoid hard labour that in 1877 it was reported that they would carry out assaults on officers 'probably for the sole purpose of obtaining a skulk in the punishment cells'.²²

In the latter decades of the century feigning was increasingly associated with anxieties about heredity, degeneration, recidivism and criminal-mindedness, and gained more coverage in medical journals, criminological publications and forensic texts, and formed part of the curriculum of lecture courses on psychiatry.²³ It also remained a prominent feature of prison doctors' day-to-day workload, the medical officer of Portland Prison complaining in 1870 that 'The unpleasant topic of malingering will, I fear, always have its place in the medical return of a convict prison.'²⁴ Prison medical officers, observed the *Lancet* in 1877,

have to deal with malingering of every shape and form. The art, in fact, is practised among convicts with refinement that baffles description, and seems attainable only by cunning thieves and lazy wretches, who prefer preying on society to earning an honest livelihood, and who for the most part occupy our prisons. All this adds considerably to the difficulties of their work.²⁵

The Medical Officer at Mountjoy Prison, Dr Robert McDonnell, remarked in 1863, on the difficulties of discriminating between

²⁰ NAI, Government Prison Office (GPO)/Incoming Correspondence (CORR)/1851/Mountjoy/Item no. 74, Correspondence relating to the attempted suicide by Convict Brennan in Mountjoy, 23 Jan. 1851; Royal Commission into Penal Servitude Acts, Minutes of Evidence [Kimberley Commission] (1878–79) [C.2368] [C.2368–I] [C.2368–II], Evidence of Dr O'Keefe, pp. 875–7. See ch. 2 for a fuller account of Brennan's case.

²¹ Report of the Directors of Convict Prisons (RDCP), 1872 (1873) [C.850], p. 293.

²² Seán McConville, *A History of English Prison Administration, Vol. 1, 1750–1877* (London, Boston and Henley: Routledge & Kegan Paul, 1981), pp. 398–9. See Philip Priestley, *Victorian Prison Lives: English Prison Biography, 1830–1914* (London: Pimlico, 1985), pp. 131–3 for hard labour at Chatham.

²³ For feigning in prison in the late nineteenth century, see Jade Shepherd, 'Feigning Insanity in Late-Victorian Britain', *Prison Service Journal*, 232 (2017), 17–23; Stephen Watson, 'Malingeringers, 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.

²⁴ RDCP, 1869 (1870) [C.204], Portland Prison: Medical Officer's Report, p. 144.

²⁵ Anon., 'The Medical Department of the Convict Service', *Lancet*, 110:2810 (7 July 1877), 18.

'wickedness and madness ... a task so difficult as to be often absolutely impossible, and that, too, after months of close and careful daily observation'.²⁶ Dr John Campbell, Medical Officer at Woking Invalid Prison, described in 1884 the challenges of dealing with 'impostors of the most determined description' in an establishment where the officers were already heavily burdened with managing serious and fatal diseases on an everyday basis.²⁷ In the same year, a number of prison surgeons reporting to the Royal Commission of Prisons in Ireland, including Dr P. O'Keefe at Mountjoy, commented that feigned madness was common among convicts. Former Chairman of the Directors of Irish Prisons, Sir Walter Crofton, observed that feigning, alongside genuine incidences of mental excitement, accounted undoubtedly for 'the most trying cases' that a medical officer had to deal with.²⁸

It is with the feigning of insanity that this chapter is primarily concerned. Harder to adjudicate than cases of physical self-harm or feigned sickness, prison medical officers grappled to reach a conclusion on the authenticity of a prisoner's mental disorder in an environment where a great many prisoners were presenting with symptoms of insanity or weak-mindedness. Prison medical officers were required on a regular basis to reach decisions about whether prisoners were attempting to dupe the prison authorities in order to improve the circumstances of their confinement or were genuinely mad and in need of treatment or removal to an asylum. 'No case', as Dr Conolly Norman, Medical Superintendent of Richmond Asylum in Dublin and one of several consultants on lunacy for the General Prisons Board in Ireland, succinctly put it, 'is more calculated to try the judgement of the most skilled specialist than one in which there is reason to fear the possibility of feigned insanity.'²⁹

The task of adjudicating such cases fundamentally shaped prison practice and assisted in developing particular approaches in prison psychiatry, which emphasised skill in detection and the ability to discriminate between the true and pretended lunatic. In a period when, as seen in Chapter 4, there was broad agreement outside of the criminal justice system (and some reservations within it) that the insane did not belong in prison and doubts expressed about the fitness of prison medical

²⁶ Robert McDonnell, 'Observations on the Case of Burton, and So-called Moral Insanity in Criminal Cases', *Journal of the Statistical and Social Inquiry Society of Ireland*, 3:25 (Dec. 1863), 447–56, at p. 450.

²⁷ John Campbell, *Thirty Years' Experience of a Medical Officer in the English Convict Service* (London, Edinburgh and New York: T. Nelson and Sons, 1884), p. 65.

²⁸ Royal Commission on Prisons in Ireland, Vol. 1. Reports, Digest of Evidence, Appendices: Minutes of Evidence, 1884 (1884–85) [C.4233] [C.4233–I], pp. 94, 505.

²⁹ NAI, General Prisons Board (GPB)/CORR/1888/Item no. 13247, Correspondence in relation to the fee of Dr Norman, consulting lunacy case, Kilmainham, Dec. 1888.

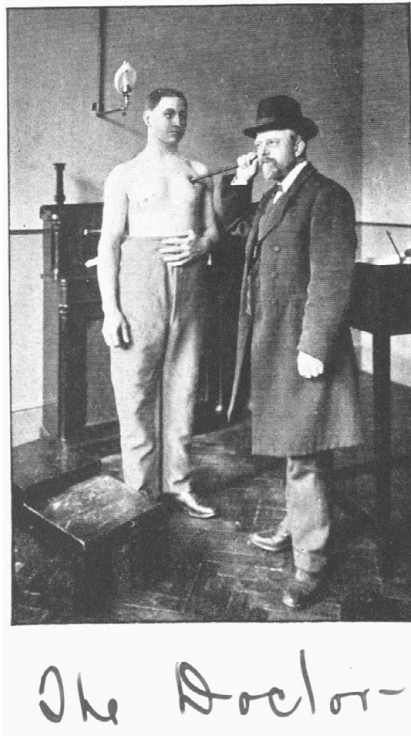


Figure 5.1 Doctor examining prisoner, Wormwood Scrubs, c. 1891
 Credit: Archives Howard League for Penal Reform, Modern Records Centre,
 University of Warwick

officers to intervene effectively to deal with mentally ill inmates, prison doctors retaliated, in a similar way to Medical Inspector Dr Gover in the Hamsley case, to claim that in effect they had a better and deeper knowledge than asylum doctors of the particular challenges of diagnosing mental disorder in prison.³⁰ The detection of feigning was an important element in putting forward a case that their special knowledge and practical experience made prison doctors alone fit to assess mental illness in the prison context.

³⁰ See ch. 4 for disputes between prison medical officers and asylum superintendents concerning the placing of insane offenders and delays in removing patients to asylums, and for proposals on how to extend prison medical officers' experience of dealing with mental illness towards the end of the century. See also Seán McConville, *English Local Prisons 1860–1900: Next Only to Death* (London and New York: Routledge, 1995), p. 300.

Roger Cooter has argued that studies of feigning need to be set within the broader context of forensic framing and detection that increasingly typified science and medicine as it became more analytical in the late nineteenth century.³¹ This had a particular resonance in prisons as medical officers, as seen in Chapter 3, set about the task of producing a new taxonomy of mental disorder applicable to their prisoner patients, that coincided – but was discrete from – the production of new classificatory systems in asylum practice. One aspect of this production of new categories and definitions connected feigning, mental illness and criminality as a form of hybrid mental disorder, in an approach that spoke to wider concerns about habitual offenders, shirkers who were morally weak, unable and unwilling to reform and to earn an honest living. Watching out for prisoners' attempts to feign insanity also served as a check on the recommendations of expert medical witnesses, including psychiatrists working outside the prison service, who assessed prisoners suspected to be mentally ill prior to their trial. If found mad and, therefore, not responsible for their actions, prisoners would be removed to a criminal lunatic asylum. If found sane, they were sent to prison.³² The role of the prison medical officer, therefore, was not only to discover shamming but also to weed out cases of true insanity missed around the trial and before sentencing and committal. Prison doctors were also warned that, by placing too much emphasis on detection, cases of real illness, real mental breakdown, might be missed. Prisoners adept in feigning were able, argued Tennyson Patmore, to facilitate their removal to the asylum or 'the Elysian delights of the prison infirmary', improve their diet or obtain relief from work, but he also warned: 'Be ready for malingering by all means; but first look for real disease; and, having found malingering, still look for real disease, as the two may coexist.'³³

Feigning under the Separate System

While the practice and detection of feigning was part and parcel of prison work well before the introduction of separate confinement in the mid-

³¹ Cooter, 'Malingering in Modernity', p. 128. Cooter draws on John V. Pickstone, 'Ways of Knowing: Towards a Historical Sociology of Science, Technology and Medicine', *British Journal for the History of Science*, 36:4 (1993), 433–58.

³² For the role of medical men in determining insanity prior to and during trials, see ch. 4 and, for example, Roger Smith, *Trial by Medicine: Insanity and Responsibility in Victorian Trials* (Edinburgh: Edinburgh University Press, 1981); Joel Peter Eigen, *Witnessing Insanity: Madness and Mad-Doctors in the English Court* (New Haven, CT: Yale University Press, 1995); John Peter Eigen, *Mad-Doctors in the Dock: Defending the Diagnosis, 1760–1913* (Baltimore, MD: Johns Hopkins University Press, 2016).

³³ Patmore, 'Some Points Bearing on "Malingering"', p. 239.

nineteenth century, feigning insanity took on a new meaning as it threatened to undermine the separate system of prison discipline while it was being established and rolled out across Britain and Ireland. It is difficult to assess whether instances of feigning actually increased in response to the introduction of the separate system but prison officers appear to have become particularly alert to it and to prioritise its detection. Under the conditions of extreme isolation imposed by separate confinement, the mental breakdown of prisoners, as we saw in Chapters 2 and 3, was to become a major preoccupation for prison officers. So too was feigning insanity with its associated noise, disruption and chaotic behaviour; it came to represent the antithesis of the order, obedience and containment demanded by separate confinement.

In Pentonville Model Prison, where separate confinement was first imposed in its most rigorous form in 1842, its Commissioners downplayed incidences of mental illness and resisted transfers to Bethlem Asylum, associating those cases of mental breakdown that they did acknowledge to previous instances of mental illness or to 'mental weakness' among the prisoners rather than to the regime itself.³⁴ Prison staff also argued that many cases of apparent mental disorder were attributable to attempts to feign insanity, particularly as the convicts were said to quickly learn and understand that weakness of mind might be interpreted as an inability to withstand the rigours of separation, resulting in a mitigation of the discipline, removal to an asylum or another prison, or even discharge on medical grounds.

Our prisoners are occasionally guilty of gross imposition, and, like prisoners in general, can simulate mental as well as physical pain with much dexterity. Some of them have been well acquainted with the opinion commonly prevailing out of doors, that the separate system produces insanity, and they have on more than one occasion told me so. It thus not unfrequently happens, that they will make allusions to the state of their memory, and to sensations in their heads, talking in a manner which, though it may prove totally inconsistent with mental disease, yet often succeeds in impressing careless observers with a fear that they are showing indications of unsoundness of mind.³⁵

Under a system designed to test the prisoner's mind, moral rectitude and capacity to improve and reform, the stakes were high when it came to discovering cases of feigning, which revealed the opposite and

³⁴ 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.

³⁵ Report of the Commissioners for the Government of the Pentonville Prison (RCGPP) (1847–48) [972], Annual Report of the Physician to the Pentonville Prison, p. 52.

undesirable traits of moral weakness, sloth and craftiness. In the late nineteenth century feigning dovetailed with mounting concerns about high levels of recidivism among convicts when 'ideas regarding habitual criminality were supported by theories of mental and bodily degeneration'.³⁶ However, the detection of feigning was certainly a key aspect of the work of prison medical officers in the early decades of the separate system. In Pentonville, the process of assessing whether a prisoner was shamming was characterised by lengthy deliberation and differences of opinion among the prison's officers. The chaplains, influential and self-appointed authorities on matters of the mind at Pentonville during the 1840s, were liable to challenge the opinions of the medical officers. In 1847 Chaplain Joseph Kingsmill, in what appeared to be a jibe at the prison doctors, as well as an acknowledgement of the difficulties of detecting shamming, declared that 'it must be exceedingly difficult to medical men to discriminate between those of this class who simulate mental disease, and those who may be in a slight degree affected already, and may be counterfeiting more'.³⁷

Seen in the context of the total number of offences recorded in official accounts, at first glance feigning appears to be insignificant. The Annual Report of the Pentonville Commissioners for 1845 noted only three cases of shamming to commit suicide and three cases of simulating madness and imbecility out of a total of 245 offences, the vast majority of which related to prisoners' attempts to communicate with each other, and in other years even smaller numbers of cases were listed.³⁸ Yet the entries in the Medical Officer's journal for just one month of that year, June 1845, exemplify the extent of suspected feigning (as well as the rich descriptive language associated with it) and its day-to-day impact on prison work.

That Reg. No. 486 Ockden had stated that, he was under an impression that castration formed part of his sentence ... prisoner possesses a low cunning which leads him [the Medical Officer] to suspect dissimulation, & that he probably is inclined to impose ... That, he has no doubt Reg. 683 was shamming insanity ... that he had been called to Reg. 641 Wm. Kent, who had suspended [hung] himself, & who had evidently shammed the attempt to obtain indulgences... That, he had particularly examined Pr Jas. Graham Reg. 635 who is very hypochondrical that he has no hallucination & that his intellect appears just what it was when first received into the Prison.³⁹

³⁶ Shepherd, 'Feigning Insanity', p. 17. See ch. 3 and also Neil Davie, 'The Role of Medico-legal Expertise in the Emergence of Criminology in Britain (1870–1918)', *Criminocorpus*, *revue hypermédia* [Online], *Archives d'anthropologie criminelle* and related subjects, 3 [11 Oct. 2010] criminocorpus.revues.org/316; Watson, 'Malingers, the "Weakminded" Criminal and the "Moral Imbecile"', pp. 227–31.

³⁷ RCGPP (1847) [818], p. 41. ³⁸ RCGPP (1846) [751], p. 25.

³⁹ TNA, PCOM 2/85, Pentonville Prison, Middlesex: Minute Books, 1845–46, 7 June 1845, pp. 5–6.

William Kent had staged his 'insincere' suicide attempt 'by suspending himself by means of his hammock girth, at a moment when he knew an officer was near his cell', a frequent ploy according to prison doctors. He was punished by confinement in the dark cell along with prisoner No. 683 who was given '3 days dark cell punishment diet, for refusing to work at his trade, & to go to bed at the appointed hour, & also for writing nonsense on his waste paper, his object being to create a belief that he is imbecile'.⁴⁰

Such cases, recorded in the prison's minute books and journals, not only prompted debate and disputes, sometimes spread over several weeks or months, but in some instances remained unresolved. In October 1847 Joshua Craig (Convict No. 1166) was noted to be showing symptoms of excitement. While Assistant Chaplain John Burt, supported by the testimony of the schoolmaster, became increasingly convinced that Craig's insanity was genuine, Pentonville's medical officer, Dr Rees, did not share this view, suggesting that Craig 'puts on symptoms of incoherence and that he does not consider him the subject of mental disease in any form'.⁴¹ In November Craig was placed in a dark cell, despite the chaplain's continuing concerns, which were rebuffed by Rees and the Prison Governor Robert Hoskins, who also believed that Craig was feigning. Rees concluded that Craig 'invents nonsense, said he was the Saviour, but considers he was not impressed with the idea, as his conduct & manner are not that of an insane person, but impertinent'. Finally in December 1847 Craig was removed to the *Justitia* prison hulk by order of the Secretary of State, the Governor and Rees still claiming that Craig was feigning insanity, and Rees certifying that he was 'free from mental affection'.⁴² Craig's case, for Pentonville's officers, typified prisoners' 'unfitness' for the regime and the discipline of separation, their intrinsic weakness blamed on bad character or 'incurability', and, like Craig, such prisoners were punished by confinement in the dark cell, by dietary restrictions or were beaten.⁴³

Just as cases of mental disorder appeared rapidly after the opening of each new prison or as older prisons were adapted for the implementation of separate confinement, so too did allegations of feigning, in a

⁴⁰ *Ibid.*, pp. 3–4.

⁴¹ TNA, PCOM 2/353, Pentonville Prison, Middlesex: Chaplain's Journal, May 1846–Mar. 1851, 9, 11 and 15 Oct. 1847, pp. 83, 85; TNA, PCOM 2/87, Minute Books, 1847, 23 Oct. 1847, p. 74.

⁴² TNA, PCOM 2/87, Minute Books, 1847, 6 Nov. 1847, p. 83, 22 Nov. 1847, pp. 92, 93, 18 Dec. 1847, pp. 111, 113 (emphasis in original).

⁴³ TNA, PCOM 2/85, Minute Books, 1845–46, 7 June 1845, pp. 3–4.

phenomenon that challenged both convict and local prisons. Dublin's Mountjoy Prison opened in 1850 and, as outlined in Chapter 2, adopted the Pentonville system of separate confinement with some modifications. In 1854 Medical Officer Francis Rynd reported a cluster of feigned suicide attempts, intermingled with cases of weak intellect, depression of spirits and debility of constitution, which pointed to many convicts' unfitness for the system of separate confinement.⁴⁴ Edmund Fitzmaurice was reported for a feigned attempt to commit suicide by cutting his throat 'very slightly' with a knife, and Rynd pronounced him 'quite well'. The Deputy Governor concluded that Fitzmaurice was trying to effect his removal from Mountjoy: 'his sentence is 6 years' servitude for highway robbery and violence and he came here with a bad character'.⁴⁵ For prisoners confined in Philipstown, an associated labour prison and invalid depot, feigners were accused of being workshy and trying to avoid the general discipline of the prison. Prisoner Michael Burke, who had been transferred from Dublin's Newgate Prison in 1855, was described in correspondence to the Directors of Convict Prisons as violent and dangerous, 'a furious maniac'.⁴⁶ Two days later, in a follow-up letter, the Philipstown Governor had changed his opinion regarding Burke's behaviour, which he now attributed to his bad character. Burke had 'assumed a recklessness approaching to insanity; but I only considered this as a trick to evade the regular work and routine discipline of the prison'. During his imprisonment at Philipstown, Burke had been in hospital four times for inflammation of the eye, 'for having worried himself into a fit in a passion when reported for fighting and disobedience', for a fever, and lastly for 'simulating insanity'.⁴⁷ However, two months later Medical Attendant Jeremiah Kelly reported that while Burke's general health was much improved, he was of 'unsound mind' and not fit to be kept in Philipstown. He needed constant watching, day and night, and Kelly recommended that he be removed to an institution specialising in the alleviation of mental disease.⁴⁸ The prison officers bemoaned the fact that Burke had been removed from Newgate as an 'invalid' and that the Newgate authorities had masked his bad character. As certificates were

⁴⁴ NAI, GPO/CORR/1854/Mountjoy/Item nos. 14–162.

⁴⁵ *Ibid.*/Item no. 162, Letter from the Deputy Governor Mountjoy to the Director of Convict Prisons, 2 Dec. 1854.

⁴⁶ *Ibid.*, 1855/Philipstown/Item no. 18, Letter from Governor to the Directors of Convict Prisons, 11 Jan. 1855.

⁴⁷ *Ibid.*, 13 Jan. 1855.

⁴⁸ *Ibid.*/Item no. 63, Letter from Jeremiah Kelly, Medical Attendant, to the Directors of Convict Prisons, 9 Mar. 1855.

drawn up to facilitate his removal to a lunatic asylum, it is hard to assess whether Burke was genuinely believed to be mentally ill or being removed because he was so disruptive, and whether his feigning attempt had succeeded or if the Philipstown prison officers were willing to go along with it to get rid of such a difficult prisoner.

At the old Liverpool Borough Gaol feigned suicide was largely associated with prisoners' efforts to avoid transportation or punishment, the Governor's journal recording one such case in July 1845 of a prisoner making two successive – and, in the Governor's view, feeble – attempts:

July 26. – J. B., 779, a prisoner who had been sentenced to 10 years' transportation, feigned an attempt to hang himself this afternoon by means of a band of oakum ... which he had fastened to one of the window bars. When found he was lying upon the floor apparently in a fit, and the band, which it was absurd to suppose would bear the weight of a man, broken ... I directed him to have a shower-bath immediately, which was administered to him by Jones, the surgeon's assistant.

A day later, the prisoner 'made another feint to hang himself', using a strip torn from his blanket. After fiercely resisting the shower-bath, the prison officers threw some water over him in the yard, and he was put in 'lunatic restraints'.⁴⁹ The Governor concluded

These attempts, or feigned attempts, at suicide on the part of this prisoner, it appears to me, are barefaced attempts at imposition, practised in order to excite commiseration, with a view to get off transportation. It would be absurd to suppose that he could have succeeded in his ostensible object by the means he used on either occasion.⁵⁰

By 1855, Liverpool had a large new prison designed for separate confinement, transportation had been for the most part abandoned, and attempts to feign insanity were now attributed to efforts to seek mitigation of the new discipline, to avoid work or to secure removal to the asylum. In a visit to the recently opened prison, Inspector Herbert P. Voules reported that 'six ... prisoners' had 'feigned attempts to hang themselves, with a view to procure their removal from separate confinement'.⁵¹ In Liverpool, those attempting suicide were handcuffed in long irons, placed on a 'reduced', punishment diet and secluded in a 'dark cell' subject to the approval and sometimes recommendation of the medical officer. In assessing such cases, prison medical officers carefully

⁴⁹ Report of the Inspectors of Prisons of Great Britain, Northern and Eastern District, 1845 [675], p. 91.

⁵⁰ *Ibid.*

⁵¹ Report of the Inspectors of Prisons of Great Britain, Northern and Eastern District, 1857–58 [2373], p. 22.

noted the timing of suicide attempts, the proximity of the prison officers, and the prisoners' determination and resolve, evidence of their cunning and contrivance.

When Brixton Prison opened in 1853 and Mountjoy Female Prison in 1858, it was the volatility of women, their tendency to 'break out', that was commonly remarked upon.⁵² This contrasted with male prisoners who were regarded as being more likely to feign insanity, inspired by a direct motive and typified by cunning, deceit and planning, though in practice male prisoners too were subject to breakouts and were frequent instigators of cell smashing. Male cases also provided the vast majority of examples of feigning in prison records, forensic textbooks and journal articles on the subject. However, like feigning, breaking out involved disruption of prison discipline, insubordination and oftentimes reflected the desire of the women to achieve an improvement in their conditions. Observing the conduct of women at Millbank Prison, part of the English female prison estate after 1816, Arthur Griffiths described how it was 'often difficult to draw the line between madness and outrageous conduct; and the latter is sometimes persisted in in order to make good a pretence of deranged intellect'. He added that cases of "trying it on," or "doing the barmy," which are cant terms for feigning lunacy, used to be frequent, but diminished as long experiences protected prison doctors increasingly from deception.⁵³ Despite Griffiths' claim, breaking out was a persistent phenomenon. Women might also join forces or share knowledge in presenting themselves as mentally weak, as noted by the Medical Officer of Castlebar Prison, county Mayo, in 1888: 'I have remarked for many years that a number of female prisoners committed from Ballina for Drunkenness or begging have apparently entered into a conspiracy to declare when they enter this Prison that they suffer from epileptic fits.' New admissions from the town were carefully watched and information collected from the local constabulary about the women's previous conduct.⁵⁴

⁵² See ch. 2 for the implementation and adaptation of separate confinement for women and their tendency to break out. See also Neil Davie, "'Business as Usual?' Britain's First Women's Convict Prison, Brixton 1853–1869', *Crimes and Misdemeanours*, 4:1 (2010), 37–52; Rachel Bennett, "'Bad for the Health of the Body, Worse for the Health of the Mind": Female Responses to Imprisonment in England, 1853–1869', *Social History of Medicine*, 34:2 (2021), 532–52; Beverly A. Smith, 'The Female Prisoner in Ireland, 1855–1878', *Federal Probation*, 54:4 (1990), 69–81, at p. 75.

⁵³ Arthur Griffiths, *Memorials of Millbank, and Chapters in Prison History* (London: Henry S. King & Co., 1875), p. 208.

⁵⁴ NAI, GPB/CORR/1888/Item no. 6679, Correspondence re epilepsy, malingering, Extract Medical Officer's Journal, Castlebar Prison, 13 June 1888.

Instances of breaking out frequently involved self-harm and attempts at self-destruction, as in the case of Bellina Prior, confined in Armagh Prison in 1888, who, when questioned as to why she had attempted to cut her throat with a piece of glass replied 'it was only a bit of fun'.⁵⁵ Dr David Nicolson, while working as Medical Officer at Woking Prison, referred more generally to 'doubtful attempts' at suicide – 'half real, half sham and mostly impulsive' – where the prisoner 'in some reckless way appears to seek self-destruction'. He concluded that these were most common in female convicts, 'many of whose senseless and impulsive acts have a periodicity, which serves to remove them from the category of actual pretences'.⁵⁶ He referred to one such female prisoner, showing signs of 'real despondency' who tried to strangle herself with her handkerchief, 'and told me that she did it because she was unable to read'.⁵⁷ Some women prisoners who attempted suicide or self-harmed were transferred to asylums, including a woman who had been held in Cork Prison where she repeatedly inserted pins and needles into her breast, doing herself 'most serious injury'.⁵⁸ A year later, after her transfer to the newly opened Mountjoy Female Prison, she was removed to Dundrum Criminal Lunatic Asylum.⁵⁹

Though prison officials dreaded suicides for their impact on the discipline of the prison and its management and because they resulted in extensive inquiries by the Prison Commissioners and Inspectors, reporting of what were concluded to be feigned suicides – as in the Liverpool example above – could take on an almost cavalier tone. Prison officers widely agreed that many suicide attempts were feigned; David Nicolson suggested the figure could be as high as three out of four.⁶⁰ In Pentonville in 1869, four feigned suicide attempts were dismissed as efforts to excite sympathy or create alarm, 'and are undeserving of notice'; in Portland in the same year those feigning suicide had the aim, according to the governor, of evading labour or trying to get into the

⁵⁵ NAI, GPB/CORR/1888/Item no. 4991, Correspondence re Bellina Prior, HMP Armagh, Apr. 1888, Letter from J.A. Chippendale, Governor to Chairman of the GPB, 30 Apr. 1888.

⁵⁶ David Nicolson, 'Feigned Attempts at Suicide', *Journal of Mental Science*, 17:80 (Jan. 1872), 484–99, at p. 487.

⁵⁷ Ibid.

⁵⁸ Report of the Directors of Convict Prisons in Ireland (RDCPI), 1857 (1857–58) [2376], p. 118.

⁵⁹ RDCPI, 1858 (1859) [2531], p. 94.

⁶⁰ Nicolson, 'Feigned Attempts at Suicide', pp. 487–8. When working at Millbank Prison, Dr Gover calculated that in the three years ending in 1869 there had been 50 attempts at suicide. One was successful, 13 serious or doubtful and 36 feigned (cited by Nicolson).

infirmity.⁶¹ Attempts by prisoners to strangle themselves with scraps of oakum or knotted handkerchiefs (the technique apparently most often used by women), or by 'scratches' to the throat, were mocked for the feebleness of their efforts. When a prisoner has decided to feign suicide, Nicolson observed, he then had to make some calculations, 'and as a rule he arranges that the performance shall be in full play when his cell-door is opened at one or other of the accustomed visits of the officer'.⁶²

Prisoner James Slavin staged his suicide attempt in the water closet of Galway Prison, knowing, according to the prison officers, that other prisoners would be passing by, his object being to secure removal to a lunatic asylum.⁶³ At Mountjoy Prison feigned suicide attempts were particularly prevalent, constituting the most common form of feigning, and the prison's medical officers claimed that prisoners staged their suicide attempts to ensure timely discovery. Dr O'Keefe insisted one such prisoner who had succeeded in committing suicide was not of unsound mind but had feigned a suicide attempt expecting to be interrupted while O'Keefe was on his round of cell visitations. O'Keefe was delayed on this particular day and discovered the prisoner when he had been dead for ten minutes.⁶⁴ Other accidental deaths were attributed to miscalculations in timing or method. For the most part, Nicolson argued, 'convicts do not seek death ... their whole aim seems to lie in the direction of self-preservation, and to the same end point almost all their scheming devices and impostures'.⁶⁵ 'The feigner proportions his attempt to the amount of personal inconvenience and risk which he thinks he can stand, but takes good care generally not to hurt himself much.'⁶⁶ However, things could go wrong for the feigner; 'it is an awkward thing for anyone to try experiments with his neck in a noose; and it is not to be wondered at if now and again the impostor is caught in his own trap'.⁶⁷

The detection of feigning placed an enormous strain in other ways on prison medical officers who were also dealing with cases of 'real' insanity and 'determined' attempts at suicide. At Limerick Prison among the prisoners who had been confirmed as insane or deemed to have made serious attempts at suicide in 1867, was prisoner M.M.G., under a two-year sentence, who was initially reported by Prison Inspector Dr John

⁶¹ RDCP, 1869, Appendix, pp. 17, 98.

⁶² Nicolson, 'Feigned Attempts at Suicide', p. 491.

⁶³ NAI, GPB/CORR/1891/Item no. 10985, Inquiry, by Joyce, 10 Oct. 1891, at Galway Prison into attempted suicide of James Slavin.

⁶⁴ Kimberley Commission (1878–79), Evidence of Dr O'Keefe, p. 877.

⁶⁵ Nicolson, 'Feigned Attempts at Suicide', p. 488. ⁶⁶ *Ibid.*, p. 499.

⁶⁷ *Ibid.*, p. 496.

Lentaigne as being excited but likely to be feigning insanity. This was confirmed in a note from the medical officer of the prison, who was of the opinion that ‘he is a schemer’. Yet the man was later removed to the district asylum where he remained ‘a confirmed lunatic’.⁶⁸

I now refer to this case, because it illustrates a class of those sometimes met with in separate cellular prisons, especially among prisoners under long sentences of one and two years. In such prisons sometimes, without the greatest care and judicious treatment, the intellect and reason of the prisoner becomes affected, he loses his power of self-control, and a man is believed to be malingering who is passing through the stages of incipient insanity.⁶⁹

Convict W.D. was also reckoned to be an ‘imposter’ when first admitted to Millbank in 1869. He was described as being sly and suspicious and showed a lack of consistency in his symptoms. The surgeon at Leeds Borough Gaol had, however, directed special attention to the case before he was moved to Millbank and he was placed under special observation. He was filthy in his habits, noisy and violent, and believed himself endowed with supernatural powers. It was eventually concluded that W.D. was suffering from ‘impending dementia’ and he was removed to Broadmoor.⁷⁰

Prisoner Susan Fletcher, confined in Westminster Prison in 1881, asserted that while ‘the cunning may deceive even a very clever physician ... the really sick and suffering may possibly ... be neglected’ and real cases of mental illness might be missed by the medical officer. This was confirmed by prisoner B.2.15 [R.A. Castle] in his account of prison life, who noted that the passage of prisoners into a ‘tragic mental state’ could pass unnoticed by the chaplain and medical officers on their flying visits around the prison.⁷¹ Despite his apparently cynical approach to suicide attempts, David Nicolson, his experience built up as Medical Officer at Woking, Portland, Millbank and Portsmouth prisons before he took up the post of Deputy Superintendent at Broadmoor in 1876, underlined the need for caution in prison practice: ‘we have to be ever on our guard lest, on the one side, deception is being practised upon us; and lest, on the other, we be carried away, in our mistrust, to a hasty

⁶⁸ Report of the Inspectors General of Prisons in Ireland, 1869 (1870) [C.173], p. 400.

⁶⁹ *Ibid.*, pp. 400–1. ⁷⁰ RDCP, 1869, Appendix, p. 51.

⁷¹ Susan Willis Fletcher, *Twelve Months in an English Prison* (Boston, MA: Lee and Shephard; New York: Charles T. Dillingham, 1884), p. 330; B.2.15 [R.A. Castle], *Among the Broad-Arrow Men: A Plain Account of English Prison Life* (London: A. and C. Black, 1924), p. 164. For prisoners’ accounts of mental illness, see Hilary Marland, ‘“Close Confinement Tells Very Much Upon a Man”: Prisoner Memoirs, Insanity and the Late Nineteenth- and Early Twentieth-Century Prison’, *Journal of the History of Medicine and Allied Sciences*, 74:3 (2019), 267–91.

treatment of real manifestations as being false and due to imposture'.⁷² Similarly, James Murray, Assistant Medical Officer at Wakefield Prison, emphasised that

The medical officer has a double duty to perform in his official capacity, and has to keep an open unbiased mind on his daily rounds, and on each separate case, so that on the one hand a 'skulker' may not by his means escape his due punishment by feigning disease, and on the other hand that proper medical care and treatment may be granted to those who are really ill and require medical attention.⁷³

The Lure of the Asylum and the Prison Doctor as Detective

The attempts of prisoner George Hamsley, whose case opened this chapter, to prompt his transfer to the promised utopia of the asylum would have come as little surprise to prison governors, medical officers and experts in legal medicine. Hamsley had a powerful motive, a vital clue in detecting feigners in prison. 'We do not meet with feigning in ordinary private practice', Dr G. Fielding Blandford, lecturer on psychological medicine at St George's Hospital, London, asserted, 'but if any of you become surgeon to a jail or to the army, you will not seldom be called to see malingerers who adopt this as a means of getting to comfortable asylum quarters, or obtaining a discharge from duty.'⁷⁴ Major Arthur Griffiths, appointed Deputy Governor of Millbank Prison in 1870, at a point when Millbank was functioning as a repository for lunatics from other prisons, noted that while 'ordinary people' had little to gain by being considered mad, for convicts this could greatly improve their conditions.⁷⁵

A further benefit of removal to the asylum was the relative ease of escape or even release, facilities that prisoners who successfully orchestrated their relocation utilised effectively. The push to reduce escapes was one of the driving factors behind campaigns for the establishment of criminal lunatic asylums at Dunderum and Broadmoor, where security would be tighter than in county and district asylums.⁷⁶ After their establishment, however, Dunderum and

⁷² David Nicolson, 'The Morbid Psychology of Criminals', *Journal of Mental Science*, 21:94 (July 1875), 225–50, at p. 242.

⁷³ James Murray, 'The Life History of a Malingering Criminal', *Journal of Mental Science*, 36:154 (July 1890), 347–54, at p. 347.

⁷⁴ G. Fielding Blandford, *Insanity and Its Treatment: Lectures on the Treatment, Medical and Legal of Insane Patients* (Edinburgh: Oliver and Boyd; London, Simpkin, Marshall, Hamilton, Kent, and Co., 1892), p. 443.

⁷⁵ Griffiths, *Memorials of Millbank*, p. 191.

⁷⁶ In 1846, for example, of the fifteen prisoners received from gaols into Clonmel District Lunatic Asylum, three attempted to escape. Report on the District, Local and Private

Broadmoor also regularly referred to escape attempts and successful escapes in their annual reports, notably in cases where feigning was suspected. In 1873 four inmates made attempted escapes from Broadmoor, all of whom were male convicts; one, who had been convicted of murder and his death sentence commuted to penal servitude, violently attacked a male attendant before escaping.⁷⁷ In order to reduce the incidence of escapes, in 1879 Irish Lunacy Inspectors John Nugent and George Hatchell, inspired by a similar scheme in Pennsylvania, proposed establishing a depot, specifically for the containment of prisoners 'attacked, while under confinement, with actual or pretended mania'. They had long felt that 'the simulation of madness exercises a baneful influence on prisoners, inducing them to attempt a similar course in the hope of removal to an asylum, where restraint being less, the chances of escape become greater'.⁷⁸ Such a measure was never implemented, and escapes continued to take place. In 1890, prisoner F.J. (formerly known as A.J.) was admitted for the third time to Dundrum. Noted to be 'a habitual criminal' and former soldier, who had been discharged from the army with heart disease, he was transferred from Maryborough Prison after being sentenced to seven years' penal servitude for housebreaking. 'A cunning, ill-disposed, malevolent criminal, insanity possibly counterfeited. He succeeded in effecting his escape from here in the year 1863, and made an unsuccessful attempt of a daring character in 1879.'⁷⁹

Meanwhile in county and district asylums, prisoners transferred on the grounds of insanity continued to make their escapes. In England, some thirty-eight criminal lunatics escaped from county asylums and evaded recapture between 1856 and 1862, and sixty-nine between 1863 and 1878.⁸⁰ Rainhill Asylum, near Liverpool, recorded numerous escapes by prisoners transferred from prisons and Broadmoor or on remand. In March 1873 William Moore was transferred from Kirkdale Prison to Rainhill while awaiting trial for stealing lead. In June he escaped as the patients were coming out of church '& has not since been heard of'.⁸¹ John Flanagan

Lunatic Asylums in Ireland, 1846 (1847) [820], Appendix: Clonmel District Lunatic Asylum, p. 43.

⁷⁷ Wellcome Library, *Reports of the Superintendent and Chaplain of Broadmoor Criminal Lunatic Asylum, For the Year 1873* (1874), Superintendent's Report (W. Orange), p. 5.

⁷⁸ Report on the District, Criminal and Private Lunatic Asylums in Ireland, 1879 (1878–79) [C.2346], Central Criminal, or Dundrum Asylum, p. 15.

⁷⁹ Report on the District, Criminal and Private Lunatic Asylums in Ireland, 1890 (1890) [C.6148], Appendix G: Central Asylum Dundrum: Report of the Resident Physician [Isaac Ashe], p. 118 (no. 796).

⁸⁰ Report of the Commission to Inquire into the Subject of Criminal Lunacy (1882) [C.3418], Appendix 12, p. 143.

⁸¹ Liverpool Record Office (LRO), M614 RAI/11/5, Rainhill Asylum Male Casebook, May 1870–Dec. 1873, p. 211.

was brought in June 1874 to Rainhill by Kirkgate Prison's jailor prior to his trial for burglary. It was noted that he had been in and out of gaol since 1853. Flanagan first escaped in September and was picked up in Blackburn selling a stolen pair of trousers, and again in December, when he was found asleep at the roadside. He was reported to be constantly fighting with the other patients and was finally removed to Broadmoor in January 1876.⁸² In 1881 the Superintendent of Somersetshire County Asylum referred to the case of a military prisoner brought from Taunton Gaol, who he suspected of malingering. The prisoner was removed to the infirmary, 'and in a very short time it was reported to me that this man when he went out used to call in at public-houses'. When the prisoner was told that it was against the rules, he escaped 'and put it into the heads of others to endeavour to escape. Altogether I had a great deal of trouble with that man.'⁸³

Dr Alex Robertson, Physician to the City Parochial Asylum and Hospital in Glasgow, who had extensive experience of receiving prisoners suspected of feigning, suggested that once in the asylum such individuals might then be able to negotiate release, 'if after maintaining his deceit for such a period as would allay suspicion, he should seem to his guardians to have become gradually restored to reason'.⁸⁴ One such case was that of convict Ball, convicted of robbery in 1851 and sentenced to transportation. Following removal to Millbank Prison, Ball convinced the prison medical officer that he was insane, and was transferred to Bethlem. He remained in Bethlem for two years before receiving a ticket-of-leave. Five years later the same prisoner was convicted of housebreaking, and, following his trial and committal, again simulated madness. Though his deception was revealed by another prisoner just before his removal to an asylum, by that time he had convinced three visiting justices and two medical men of his insanity.⁸⁵

Many prisoners accused of feigning insanity had complex careers of crime, imprisonment and asylum care. In 1864 the Governor of Wexford Gaol wrote to the Lunacy Inspectors inquiring into the case of Bridget McGrath, who had been transferred as a lunatic from Mountjoy Female Convict Prison to Dundrum in April 1863 and who had subsequently

⁸² LRO, M614 RAI/11/6, Rainhill Asylum Male Casebook, Dec. 1873–July 1877, p. 58; Lancashire Archives, QAM 4/2, Register of Class 1 Lunatics, Covering Admissions 4 Feb. 1869–15 Feb. 1893, p. 111.

⁸³ Commission on Criminal Lunacy (1882), Evidence of Charles W.C.M. Medicott, 18 Mar. 1881, pp. 72, 74.

⁸⁴ Alex Robertson, 'Case of Feigned Insanity', *Journal of Mental Science*, 29:125 (Apr. 1883), 81–5, at p. 85.

⁸⁵ Alfred Swaine Taylor (the late), *The Principles and Practice of Medical Jurisprudence*, 6th edn (London: J. & A. Churchill, 1910), vol. 2, p. 901; Anon., 'Feigned Insanity', *Chambers's Journal*, 20:1034 (20 Oct. 1883), 657–9, at p. 658.

escaped. She had been rearrested and was being tried for stealing, and the Governor requested information to ascertain whether she was considered recovered and sane, and thus fit to be recommitted under a sentence of penal servitude, or still to be dealt with as a lunatic.⁸⁶ Alfred Jones, who also went under the aliases of Edward Bowler and Thomas Browne, was transferred from Spike Island Prison to Dundrum on 26 August 1863 after being certified insane. Several weeks later he escaped. In May 1865 he was found in Cork County Gaol on a new charge of burglary and robbery and sentenced in July to ten years' penal servitude, before escaping from the local bridewell the day after his conviction. In September when Jones reappeared under a new sentence in Mountjoy Prison, the medical officer concluded that he was weak-minded.⁸⁷

The detection of feigning among offenders became as much a pre-occupation for the staff of asylums as for prison medical officers. In 1864 the relative calm of Broadmoor Asylum was broken by two inmates, who had been removed from Millbank Prison and who were being held in seclusion. They were reported to be causing a serious disturbance and to be extremely noisy. Broadmoor's Superintendent, Dr Meyer, 'much doubted their insanity' and they were quickly removed with an order of the Secretary of State back to Millbank.⁸⁸ Keen to keep the admission of the convict class to a minimum, efforts were made to reveal instances of malingering quickly at Dundrum Asylum and to send such cases back to prison. It was anticipated that removals from prisons were very likely to include cases of 'reputed insanity', given that Dundrum's existence and 'mode of life in it' was well known to convicts.⁸⁹ At Castlebar Asylum two cases of 'feigned insanity' were admitted from the county gaol in 1872, but on admission were told that they were not insane and must complete the full term of their five-month imprisonment. The two men determined on a sham attempt at suicide, believing it would ensure a short stay in the asylum and then a free discharge. One of them slashed

⁸⁶ NAI, GPO/Letter Books (LB), Vol. 20, Jan. 1863–Dec. 1864, Letter no. 808, Patrick Murray to Inspector of Lunatic Asylums, Dublin Castle, 19 Mar. 1864.

⁸⁷ NAI, GPO/LB, Vol. 7, Jan. 1865–Dec. 1867, Letter no. 156, 11 Aug. 1865, Case of Convict Alfred Jones (in Wexford Gaol) for instructions as to his disposal; NAI, GPO/LB, Vol. 21, Jan. 1865–Dec. 1866, Letter no. 262, P.J. Murray to Dr Corbett, Dundrum, 29 May 1865, Letter no. 502, unknown to Inspectors, Lunatic Asylums, 14 Sept. 1865.

⁸⁸ Report of Commissioners in Lunacy on the Present Condition of Broadmoor Criminal Lunatic Asylum and its Inmates (1864) [216], p. 2.

⁸⁹ Report on the District, Criminal and Private Asylums in Ireland, 1862 (1862) [2975], Central Asylum Dundrum, p. 28; Report on the District, Criminal and Private Asylums in Ireland (1873), Central Asylum Dundrum, p. 28.

his throat, resulting in a bloody but harmless incision; the other resorted to a mock strangulation. Both were declared to be irredeemable drunkards, and one had been convicted forty-seven times. 'After a residence of a month', the medical officer declared, he 'got rid of two of the most accomplished schemers I ever met with.'⁹⁰ In many instances feigning was attempted on more than one occasion. In 1886, while undergoing his sentence in Downpatrick Gaol, labourer W.M., serving five years for arson, was stated to be delusional, believing his food was poisoned and that everyone was watching him, and he was moved to Dundrum. There he was declared sane and returned to prison. On his return to prison he violently assaulted the warders who were escorting him, and 'so successfully feigned insanity that he again imposed on the authorities of the gaol' and was returned to Dundrum, where he confessed that 'he had again feigned insanity for the purpose of obtaining the greater freedom and indulgence accorded here'.⁹¹

Some of those feigning mental illness, however, found the asylum to be a challenging environment, despite the better conditions, and requested transfers back to prison. At Dundrum it was reported that malingerers were subdued by being made 'special objects of suspicion and vigilance' and as a result sought a return to penal servitude.⁹² In other cases they objected to association with lunatics: 'The malingerer after a time gets tired of his condition, the conversation and the monotonous language of his associates.'⁹³ It was reported that many of those certified insane quickly became amenable and even useful after removal to Dundrum. They remonstrated against association with lunatics, and demanded to be returned to gaol, also aware that they were losing their modest payments for labour when remaining in Dundrum.⁹⁴

Many cases of suspected feigning were reckoned to be particularly perplexing, even after extensive investigations. In 1858 distinguished psychiatrists John Charles Bucknill and Daniel Hack Tuke selected two local cases – both men lived in Devon at this point – to include in their *Manual of Psychological Medicine*, the first comprehensive textbook on

⁹⁰ Report on the District, Criminal and Private Asylums in Ireland, 1872 (1872) [C.647], Gaols, p. 14.

⁹¹ Report on the District, Criminal and Private Asylums in Ireland; with Appendices, 1887 (1887) [C.5121], Central Asylum Dundrum, p. 138.

⁹² Report on the District, Criminal and Private Asylums in Ireland; with Appendices (1873), Central Asylum Dundrum, pp. 15–16.

⁹³ Report on the District, Criminal and Private Asylums in Ireland; with Appendices, 1875 (1875) [C.1293], Central Asylum Dundrum, p. 22.

⁹⁴ Report on the District, Criminal and Private Asylums in Ireland; with Appendices, 1888 (1888) [C.5459], Central Asylum Dundrum, p. 30. For more on transfers between prisons and Dundrum, see ch. 4.

insanity.⁹⁵ Prisoner Warren, convicted at Devon Assizes and sentenced to fourteen years' transportation, had been declared insane after three months in gaol and removed to Devon County Asylum, where Bucknill was Medical Superintendent. Eight months later he was returned as recovered to prison, but within an hour of his readmission was 'apparently affected with a relapse of his mental disease'. He refused to answer questions, walked to and fro in his cell, muttering to himself and sometimes howling, refused food for days together, beat the door of his cell and turned his bedclothes over constantly. Though a dunking in a near-scalding bath, authorised by the prison governor, was claimed to cure him of his dirty habits, for two years he maintained all other symptoms of insanity. Then, suddenly, Bucknill and Tuke reported, his resolution weakened, and he requested removal to the government depot for convicts in preparation for transportation. 'In this remarkable case, the perseverance of the simulator, his refusal to converse, or to answer questions, and the general truthfulness of his representation, made it most difficult to arrive at a decisive opinion.'⁹⁶

The second persistent example of feigning noted by Bucknill and Tuke was that of John Jakes, convicted in 1855 of 'pocket-picking' at Devon Easter Sessions and sentenced to four years' penal servitude. On hearing the sentence, Jakes was reported to have fallen down in the dock, as if in fit of apoplexy, and when removed to gaol it was concluded that he was hemiplegic and apparently demented, though his filthy behaviour and consumption of his own excrement raised doubts about whether his case was genuine. His insanity was, however, certified by the surgeon of the gaol and a second medical man, and he was moved to the asylum. The convicting magistrates, who were familiar with the prisoner's character and track record, were convinced he was feigning. Bucknill and Tuke were brought in and carefully examined Jakes. In their opinion, he had all the symptoms of hemiplegia:

if they were feigned, the representation was a consummate piece of acting, founded upon accurate observation. In the asylum, the patient was ... apparently demented. He had to be fed, to be dressed, to be undressed, and to be led from place to place; he could not be made to speak; he slept well.⁹⁷

⁹⁵ For Bucknill, see Andrew Scull, Charlotte MacKenzie and Nicholas Hervey, *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton, NJ: Princeton University Press, 1996), ch. 7, and for Daniel Hack Tuke, see Anne Digby, 'Tuke, Daniel Hack (1827–95)', *DNB*, <https://doi.org/10.1093/ref:odnb/27804> [accessed 7 May 2020].

⁹⁶ John Charles Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity, with an Appendix of Cases*, 2nd edn (London: John Churchill, 1862), pp. 374–5.

⁹⁷ *Ibid.*, pp. 375–6. Hemiplegia is a condition caused by a brain injury that results in weakness, stiffness and lack of control in one side of the body.

Then on 17 August Jakes escaped, confirming for the magistrates that their conclusions had been correct and that several medical men had been deceived. Jakes converted the handle of his tin cup into a false key, unlocked a window guard, escaped at night into the garden and then scaled a high door and wall. He was never heard of again. Even then, however, Bucknill and Tuke posed the question of whether Jakes could have deceived medical men forewarned of deception or if, as an accomplished housebreaker, 'that things impossible to other lunatics might have been accomplished by him'.⁹⁸

As in the examples of Warren and Jakes, expert opinion was sought in cases of feigning, by and large from psychiatrists working outside of prisons. This certainly occurred from time to time in Pentonville, as in 1847 when Drs Edward Thomas Monro and John Conolly, two of London's foremost alienists and medical witnesses, and respectively physicians at Bethlem and Hanwell asylums, examined Convict H. Jones, 'declining to give any certificate of insanity without further evidence, but recommended a continuance of care and watching'.⁹⁹ Ireland's longest-serving Lunacy Inspector of the nineteenth century, Dr George Hatchell, was brought into several prisons to adjudicate on individual cases of feigned insanity and to assess 'batches' of prisoners to help staff differentiate between those feigning insanity, the weak-minded and the truly insane.¹⁰⁰ Such practices can be interpreted in different ways. They can be taken as signifying professional collaboration and exchanges of expert views on psychiatric matters, an area where up until the late nineteenth century few prison medical officers claimed much in the way of special training. But potentially they undermined prison medical officers' claims of expert knowledge in the detection of feigning acquired through long experience of working with prisoners.¹⁰¹ A number of alienists explicitly urged prison medical officers to rely on

⁹⁸ *Ibid.*, p. 376.

⁹⁹ TNA, PCOM 2/86, Minute Books, 1846, Medical Officer's Journal, 19 June 1847, p. 304. (The entry dates do not align consistently with the dates of the minute books.)

¹⁰⁰ NAI, GPO/CORR/1860/ Mountjoy (Male) Prison, Item no. 6, Letter from Robert Netterville, Governor Mountjoy to Directors, Convict Prisons, 30 Dec. 1859; NAI, GPO/CORR/1872/Government/Item no. 484/11, Letter from Under Secretary to Spike Island, 11 Jan. 1872; /Item no. 1084/48, Letter from Under Secretary to Spike Island, 3 Feb. 1872; /Item no. 1084/56, Letter from Under Secretary to Spike Island, 17 Feb. 1872.

¹⁰¹ John Campbell at Woking was keen to explain in his evidence to the Kimberley Commission that he had only once asked for the advice of the medical superintendent of the neighbouring Brookwood Asylum in the case of two men who he believed to be sane: Kimberley Commission (1878–79), Evidence of Dr John Campbell, 2 July 1878, p. 573.

them in diagnosing convicts.¹⁰² They pointed out that prison medical officers did not have the time to carry out detailed and prolonged examinations of criminals suspected of feigning, and, responsible as they were to the government and prison authorities, the public, and prisoners and their families and associates, it was suggested that they might occasionally err ‘in the prisoners’ favour’.¹⁰³ Jade Shepherd has argued that by the late nineteenth century Broadmoor’s medical officers and superintendents had stricter standards in diagnosing insanity than prison medical officers and were keen to return convicts back to prison. Meanwhile, as attitudes towards them hardened, some prisoners were disappointed about their treatment at Broadmoor, and quickly confessed their imposture.¹⁰⁴ In 1868 the Lunacy Commissioners commented on the grim conditions at Broadmoor, its prison-like appearance and the cheerlessness of its wards, the lack of opportunity to work and particularly to the confinement of dangerous and violent inmates in seclusion in cells or even cages (with several convict prisoners reportedly held in cages in that year), conditions unlikely to recommend themselves to prisoners feigning insanity.¹⁰⁵

The observation cell, as Stephen Watson has pointed out, was to become an important tool in the detection of malingerers in prison. These were modified cells, sometimes with an iron railing instead of a door, or extra spy holes, and often padded or lined with thick rope. They came into increasing use after the 1880s across England and Ireland when magistrates began to send cases to prison on remand to confirm their mental state.¹⁰⁶ A series of checks was also put in place before prisoners were removed to asylums, and, while alienists might have argued that prison doctors did not devote enough time to their

¹⁰² Conolly Norman, ‘Feigned Insanity’, in Daniel Hack Tuke (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, 1892), pp. 502–5.

¹⁰³ John Charles Bucknill and Daniel Hack Tuke, *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*, 4th edn (London: J. & A. Churchill, 1879), p. 469; Anon., ‘The Medical Department of the Convict Service’, p. 18.

¹⁰⁴ Shepherd, ‘Feigning Insanity’, pp. 22–3.

¹⁰⁵ Copy of a Report Made by the Commissioners of Lunacy, on the 14th October 1868 upon Broadmoor Criminal Lunatic Asylum (1868–69) [244], pp. 2–5.

¹⁰⁶ Watson, ‘Malingeringers, the “Weakminded” Criminal and the “Moral Imbecile”’, p. 228. For example, a padded cell was installed at Kilmainham Gaol in 1885. NAI, GPB/CORR/1885/Item no. 7489. See ch. 4 for assessments of remand prisoners by prison surgeons and medical witnesses.

investigations, prison medical officers would assert that the checks were both lengthy and rigorous. In Irish prisons it was common when there was uncertainty about a prisoner's mental state to place them under observation in the padded cells that were specially installed from the 1880s onwards.¹⁰⁷ This provided the opportunity to distinguish between the 'mannerisms' of the 'imposter' and 'insane person', and 'the facilities afforded for prolonged observation ... away from the main block ... help towards a settlement as to the proper mode of disposal'.¹⁰⁸ By the late 1870s prisoners believed to be insane in the English prison system were removed to Millbank, where observation cells had been used routinely after the 1860s. At Millbank prisoners were kept in association, but only after they were thoroughly checked and found to be cases of 'genuine insanity'. Dr Gover concluded, 'It is very inadvisable to avoid placing an imposter in association, for that is the very object which he has in view.' However, it was estimated that two-thirds of prisoners sent to Millbank with suspected mental disorders were 'actually insane'.¹⁰⁹ In that case, they were transferred to the lunatic wing at Woking Invalid Prison. However, even before they reached Millbank, prisoners would have been checked to ensure that they were genuine cases. In Pentonville this involved being placed in the observation cell, where they were kept until the medical officer was satisfied that they were not simulating insanity.¹¹⁰ Campbell asserted his confidence in evidence presented to the Kimberley Commission in 1878 in the rigorous procedures that ensured that few imposters reached Woking, as the prisoners were under observation at other prisons for a considerable time 'by men of a good deal of experience'. However, in the book reflecting on his career that was published a few years later, he devoted an entire chapter to the subject of malingering at Woking, 'by impostors of the most determined description'.¹¹¹ Campbell also reported that numerous prisoners sent with bodily ailments to Woking evinced impairment of the mental faculties, and many of these were also suspected of feigning, particularly the younger men,

¹⁰⁷ NAI, GPB/CORR/1888/Item no. 1365, Papers relating to padded cell, Castlebar Prison; NAI, GPB/CORR/1886/Item no. 7036, Documents referring to the restraint of prisoner William Steele at Londonderry Prison, May 1886; NAI, GPB/CORR/1887/Item no. 13757, Papers relating to the removal of Prisoner Julia Hourihan to Cork Lunatic Asylum from HM Female Prison Cork, 1887.

¹⁰⁸ NAI, CSORP/1905/12904, Minute from Geo. Plunkett O'Farrell and E.M. Courtney, Office of Inspectors of Lunatics, to Under Secretary 10 June 1904, p. 15.

¹⁰⁹ Kimberley Commission (1878-79), Evidence of Captain W.T. Harvey and R.M. Gover, pp. 71, 129.

¹¹⁰ *Ibid.*, Evidence of V.C. Clarke, p. 141.

¹¹¹ *Ibid.*, Evidence of Dr John Campbell, p. 573; Campbell, *Thirty Years*, ch. V, at p. 65.

though others were found to be genuine cases and removed to asylums after a period of observation in the infirmary.¹¹²

It was agreed by prison doctors and alienists alike that prisoners would work hard to 'act' the lunatic, and to overcome the various obstacles to successful transfers out of the prison system. How good they were at this and how good doctors were in detecting them was open to different interpretations. The high quality of such performances was noted in a number of prison memoirs. One prisoner suggested that it was difficult for doctors to assess cases of malingering, 'for many old convicts are such accomplished actors they are able to imitate the peculiarities of idiocy with wonderful correctness, until the habit becomes second nature'.¹¹³ However, an increasingly expansive literature on forensic psychiatry suggested that feigners were relatively easy to uncover (aside from such exceptional cases as described by Bucknill and Tuke). Blandford described most feigners as 'clumsy performers' and 'doubtless they who have the insane ever before their eyes will most readily detect the sham disorder'.¹¹⁴ 'There are', he went on, 'cases on record where skilful cheats have deceived for a long period even alienist physicians, but such are rare.'¹¹⁵ Feigned insanity was 'overacted in outrageousness and absurdity of conduct', usually by 'ignorant and vulgar persons'; 'the person generally talks a quantity of bosh from ignorance of the true characteristics of the disease which the skilled medical man have never heard a really insane person indulge in'.¹¹⁶ Presentations of feigned insanity, according to the *Lancet*, 'usually resemble the popular stage idea of insanity rather than the true products of mental alienation. It is not uncommon for the malingerer to combine two forms of insanity and this may be of value in detection.'¹¹⁷ Alongside over-acting, one clue to watch for was that the malingerer would eventually tire himself out and go to sleep, while a genuine lunatic would be unable to rest. In a lecture course on mental illness directed at general practitioners that was likely to have attracted future prison medical officers, Conolly Norman pointed to the difficulties of pretending incoherence, 'a characteristic of the maniacal state.... It used not be uncommon for persons feigning insanity to feign acute mania. Although apparently easy nothing is more difficult

¹¹² RDCP, 1863, Appendix, Woking Prison, p. 263.

¹¹³ W.B.N., *Penal Servitude* (London: William Heinemann, 1903), p. 150.

¹¹⁴ Blandford, *Insanity and its Treatment*, p. 442. ¹¹⁵ *Ibid.*, p. 448.

¹¹⁶ Bucknill and Tuke, *A Manual of Psychological Medicine*, 2nd edn, pp. 370, 372; Lyttelton S. Winslow, *Manual of Lunacy: A Handbook Relating to the Legal Care and Treatment of the Insane*, with a preface by Forbes Winslow (London: Smith, Elder & Co., 1874), p. 295.

¹¹⁷ Anon., 'Malingery', p. 46.

to feign than incoherence.¹¹⁸ L. Forbes Winslow described how the feigner would exaggerate his symptoms, especially when he believed he was being watched; he would also be distinguished by the absence of bodily symptoms present in true lunatics – disordered digestion, headache, sleeplessness – and the desire of the truly insane to appear intelligible and to mask their mental disorder.¹¹⁹

Whereas alienists and forensic experts claimed that prisoners were bad actors, easily unmasked by those who were used to working with lunatics, prison medical officers were likely to suggest that prisoners were not only determined but also rather good actors, and that the prison medical officer was uniquely placed to act as detective and differentiate between real cases of insanity and attempts to feign. 'Only the lynx-eyed prison medical officer, backed by long experience', declared Major Griffiths, 'sooner or later detects the flaw.'¹²⁰ Dr McDonnell at Mountjoy reported that convict David Simmons (no. 5192) was one of the most 'obstinate malingerers that has ever come before me'. He had injured himself severely on two occasions, first 'by scratching with his nails some spots of psoriasis scattered over his body', and second by 'scraping some marks tattooed upon his arm so as to produce extensive ulceration of it'. He subsequently confessed his feigning to McDonnell and the prison officers, but McDonnell was afterwards 'informed that he has lately again assumed the manners of a maniac but in my presence he has not since his readmission to this prison played the lunatic'.¹²¹ By the late nineteenth century the detection of malingerers was deemed so important by prison doctors that, according to Stephen Watson, it was 'invariably mentioned in pleas for better pay and conditions of service'.¹²²

Even so detection in some cases was not straightforward. 'There is a method in all madness,' declared barrister J.H. Balfour-Browne:

The very close observation of mental disease by one of a sufficiently powerful intellect thoroughly to understand and appreciate its manifestations, might lead to such a deceptive reproduction of a number of symptoms as to puzzle many

¹¹⁸ Royal College of Physicians of Ireland, Heritage Centre, Conolly Norman Lectures, 1905–07, CN/1, First Series, Mar.–May 1905, Lecture, 'The Maniacal State', 3 Mar. 1905. Irish medical practitioners tended to draw on and publish in English textbooks and forensic literature during the late nineteenth and early twentieth centuries, though notably Norman wrote the entry on feigned insanity in Tuke's 1892 *Dictionary of Psychological Medicine*.

¹¹⁹ L. Forbes Winslow, *Mad Humanity: Its Forms Apparent and Obscure* (London: C.A. Pearson, 1898), pp. 80–1.

¹²⁰ Griffiths, *Memorials of Millbank*, p. 191.

¹²¹ NAI, GPO/CORR/1860/Mountjoy (Male) Prison/Item no. 47, Correspondence from Robert Netterville, Governor Mountjoy to Directors of Convict Prisons, 15 Feb. 1860.

¹²² Watson, 'Malingers, the "Weakminded" Criminal and the "Moral Imbecile"', p. 227.

individuals, not trained to distinguish between very fine shades of expression, as indicative of varying springs of action.¹²³

Balfour-Browne went on to explain that a physician well acquainted with mental disease would be hard to deceive. Yet even though prisoners would not on the whole be regarded as in any way in possession of a powerful intellect, they still were able to produce doubt in the minds of many prison medical officers. Dr John Campbell described the ‘consequent trouble, anxiety, and responsibility devolving on the medical officer which cannot be well realized by those who have not experienced them’. While acknowledging that cases of feigning were also found in the military and naval services, Campbell noted that among convicts ‘the imposition is carried out with almost incredible determination’.¹²⁴ This added to the strain of working with the many prisoners admitted to the lunatic division at Woking Invalid Prison who were ‘of a doubtful character, and took the most active part in the violent, outrageous, and disgusting acts which were for a time of rather frequent occurrence’ and made feigned attempts at suicide.¹²⁵ Many prisoners also expressed ‘great disappointment’ at being brought to Woking rather than a lunatic asylum.¹²⁶

Mad, Bad and the Benefits of Diagnosis

Describing his tenure at Mountjoy between 1857 and 1867, McDonnell claimed that he had to deal with ‘a good many cases’ of feigning, but also asserted that under his management and with close observation of individuals, there were far fewer incidences.¹²⁷ Similarly, in 1870, Dr E.S. Blaker, medical officer at Portland Prison, declared that feigning insanity had wonderfully decreased, ‘and I am sincerely glad to be able to say so, as it demands in the detection an exercise of great care and judgement, and it is often a long time before the mind can be fully satisfied as to the real or feigned aspect of the case’.¹²⁸ Given the wealth of evidence in terms of the attention paid to malingering in medical and forensic literature and official reports and inquiries during the last quarter of the century, as well as the number of cases noted in prison and asylum records – including McDonnell and Blaker’s own prisons – their confidence appears to have been misplaced. However, Blaker also went on to

¹²³ J.H. Balfour-Browne, ‘Feigned Insanity’, *Medical Press and Circular*, 10 (19 Oct. and 2 Nov. 1870), 301–5, 345–7, at p. 345.

¹²⁴ Campbell, *Thirty Years*, p. 70. ¹²⁵ *Ibid.*, p. 100. ¹²⁶ *Ibid.*, p. 87.

¹²⁷ Kimberley Commission (1878–79), Evidence of Robert McDonnell, p. 459.

¹²⁸ RDCP, 1869, Appendix, p. 145.

suggest that feigning presented an interesting abstract question for psychologists:

whether a man who can simulate insanity is really at the time perfectly *mens sana in corpore sano*.... Insanity and crime are, I have no doubt, often very closely allied, and we may hope that psychological science will at some future time be able clearly to define a line of demarcation.¹²⁹

This demarcation line, the question of what came to divide insanity and sane behaviour, madness and badness, and indeed the issue of whether feigning itself was a form of mental disorder preoccupied prison medicine in the latter part of the century. Indeed optimism about the decline in feigning might indicate that feigning had been absorbed into broader taxonomies of criminality and madness, with madness and badness 'so intermingled that observers cannot determine which it is that regulates their conduct'.¹³⁰

By the 1860s and 1870s, as seen in Chapter 3, prison regimes had become harsher with emphasis on punishment rather than reform. A cluster of prison acts were directed towards the centralisation of the prison system, making conditions and discipline as uniform as possible. These acts also provided for the weekly regular inspection of all prisoners, which, as Martin Wiener has pointed out, gave the doctor the power to declare a prisoner fit or unfit, mentally or physically, and thus remove him from ordinary prison discipline and from the category of 'responsible moral agent'.¹³¹ As doctors' powers apparently increased, they had the potential to be at odds with the prison administration, yet many, though not all, supported the imposition of rigorous and harsh discipline and in particular cast doubt on prisoners showing signs of insanity or mental weakness. In the shift from a reformist approach to more penal regimes prison officers remained on high alert for instances of shamming, even though the objectives of prison discipline had shifted. Whereas malingering was once seen as an affront to the system of separate confinement and obstacle to reform, it was now interpreted increasingly as the efforts of the workshy and crafty to evade the tough discipline of the prison. One observer noted in 1863 that doctors feared the risk of being deceived and 'many really mad are regarded with suspicion ... and are treated like the rest of the prisoners if their conduct be not too glaringly outrageous'.¹³²

¹²⁹ Ibid. ¹³⁰ Blandford, *Insanity and its Treatment*, p. 446.

¹³¹ Martin J. Wiener, *Reconstructing the Criminal: Culture, Law, and Policy in England, 1830–1914* (Cambridge: Cambridge University Press, 1990), p. 122.

¹³² [Frederick Robinson], *Female Life in Prison*, vol. I (London: Hurst & Blackett, 1863), p. 239. Cited Wiener, *Reconstructing the Criminal*, pp. 125–6.

The precise, skilful and protracted process of reaching an assessment on feigning emphasised in the medical literature could also break down into practices involving cruelty and forced confessions. The evidence of the 1878–79 Kimberley Commission, particularly of ex-convict Harcourt and Medical Officer Francis Askham, as well as testimony given by Dr Patrick O’Keefe at Spike Island, demonstrated that medical officers could react brutally to what they concluded was persistent malingering. O’Keefe reported to the Commission that prior to his appointment at Spike the prisoners might have taken advantage of the medical officers’ inexperience and frequently reported sick. This came to an abrupt halt following the appointment of O’Keefe, whose response to the feigning of pains and sickness was to apply the galvanic battery to give ‘light electric shocks, and it had the effect of curing them’.¹³³ O’Keefe also described a prisoner who had committed suicide disparagingly as ‘rather of a low type’. The man had claimed to have a skin eruption that was caused by self-inflicted scratching, but, according to O’Keefe, was not of unsound mind.¹³⁴ At Dartmoor, Harcourt was kept by Askham, who regarded him as a malingerer, for extended periods on a bread and water diet and ‘treated’ with a galvanic battery. Harcourt was also, he claimed, subjected to brutal treatment at Portland, where Askham was again his medical officer, following an accident.¹³⁵ While Askham claimed that he did not use the galvanic battery to detect malingering, after applying it to treat Harcourt’s loss of muscular power and nervous energy, he concluded that he was indeed ‘a malingerer’.¹³⁶ Askham was also accused of applying blisters and of excessive use of restraint in irons in cases where prisoners were showing symptoms of mental disorder.¹³⁷ He denied that prison caused a deterioration in prisoners’ mental condition and when asked if persons might become mad owing to the treatment – one convict had claimed that prisoners were strapped down, provoked into madness, and then punished – Askham replied, ‘It is utterly impossible. No such thing could possibly take place.’¹³⁸ Michael Davitt described in his prison memoirs of 1885, based on his experiences of Millbank, Dartmoor and Portsmouth prisons, how prisoners wounded themselves, smashed their cells or covered themselves in their own filth

¹³³ Kimberley Commission (1878–79), Evidence of Patrick O’Keefe, p. 875.

¹³⁴ *Ibid.*, pp. 875–6.

¹³⁵ *Ibid.*, Evidence of H.F. Askham, pp. 726–31. See also Anne Hardy, ‘Development of the Prison Medical Service, 1774–1895’, in Richard Creese, W.F. Bynum and J. Beam (eds), *The Health of Prisoners* (Amsterdam and Atlanta, GA: Rodopi, 1995), 59–82, at p. 76.

¹³⁶ Kimberley Commission (1878–79), Evidence of H.F. Askham, p. 727.

¹³⁷ *Ibid.*, pp. 733, 737. ¹³⁸ *Ibid.*, p. 742.

in order to feign insanity, or to 'put on the barmy stick', though would-be feigners of insanity would be put under special surveillance, 'which made it well nigh impossible for an imposter to deceive his warders for any length of time'. He also referred to the practice in one prison of prisoners suspected of feigning insanity being fed their own excrement in the dinner-tin; those who ate it were declared insane.¹³⁹

Punishment was meted out to many suspected feigners, and, alongside observation, became part of the process of reaching a decision on whether insanity was true or shammed; whipping was also recommended by some prison medical officers as a remedy for feigning. Provision was made in the 1877 Prison Acts in England and Ireland for prison medical officers 'to apply any painful test to a prisoner to detect malingering or otherwise', with the authority of an order from the visiting committee of justices or a member of the Prison Commissioners in England and General Prisons Board in Ireland.¹⁴⁰ According to Dr James Murray at Wakefield Prison, flogging was not only an important tool in the detection of feigned diseases, but also a potential cure.¹⁴¹ The regime at Liverpool Borough Gaol appears to have been particularly harsh, its medical officer very willing to impose discipline. In June 1891 James Bibby was charged with refusing the wheel [treadwheel] and of violence towards a prison officer. The prisoner claimed to have had sunstroke and to feel giddy and noted that he was unable to control his temper. Dr Hammond was satisfied that the prisoner was feigning insanity in a very clumsy way, and he was punished with twenty-four strokes of the birch rod.¹⁴²

In 1894 prisoner Frank O'Brien was charged with misbehaviour and feigning insanity and refused to speak. The prison officers expressed the unanimous opinion that he was shaming insanity. One warder described how on 13 June:

I went into the cell of the prisoner and found him standing on the table he had taken a sheet and tied it to the bar of a window and had tied it round his neck. He saw me and I sent out to call assistance and as I did so he kicked the table away from under him and as I re entered the cell with assistance I found him swinging by his neck.

¹³⁹ Michael Davitt, *Leaves from a Prison Diary; Or, Lectures to a 'Solitary' Audience* (London: Chapman and Hall, 1885), reprinted with introduction by T.W. Moody (Shannon: Irish University Press, 1972), vol. 1, pp. 144–5, 142–3.

¹⁴⁰ 36&37 Vict., c.49, s.52 (1877); 40&41 Vict., c.21, s.42 (1877).

¹⁴¹ Murray, 'The Life History', pp. 352–3.

¹⁴² LRO, 347 MAG 1/3/3, Proceedings of the Meetings of the Visiting Committee, Liverpool Borough Gaol, Apr. 1878–June 1897, 24 June 1891, p. 179.

Dr Hammond agreed that this was a case of malingering, and that O'Brien was dirty, had done no work and was pretending to be insane, and had this opinion confirmed by another doctor. The prisoner was closely watched, adding further evidence of his imposition, and he was ordered to be birched.¹⁴³

Alongside the cruder methods of beating and starving suspected feigners, or placing them in a dark cell, 'hints for the detection' of feigned insanity advocated use of the actual cautery to blister the skin (the sight of its preparation might suffice, some prison officers claimed), while the stomach pump might make a man take his food. A dose of tartar emetic (a powerful vomit), opiates and cold shower baths were also recommended, 'but probably nothing is as efficacious as the application of a galvanic battery'.¹⁴⁴ John Campbell at Woking had used galvanic treatment in cases of feigned paralysis with remarkable effect and noted that malingerers had a 'perfect horror' of galvanism.¹⁴⁵ Dr Murray, Medical Officer at Sligo Prison, when managing the repeated suicide attempts of prisoner Michael Costello in 1886 – he tried to hang himself several times – ordered the 'Straps & muff to be applied ... [the prisoner] to be placed in padded cell and to be visited frequently during the night. To get a cold douche bath twice daily.' When Costello then refused to eat and speak, Murray commented in his journal: 'I would wish to have a good powerful Electric Machine supplied to this prison for such cases.' He tried to force the 'ruffian' to eat, using a jaw opener and soft tubes. Costello relented, eating 'Bread 3 Eggs battered up with 1 quart of milk'. Murray observed in his journal entry that 'Costello is evidently the worst possible character, but I hope he is now tamed for some time at least.' Although he continued to keep Costello in a padded cell and under observation, Murray remained 'fully persuaded that his motive was removal to a Lunatic Asylum, where he would have a better chance of escape'.¹⁴⁶

Recidivists, by nature lazy and incapable of sustained exertion, according to A.R. Douglas, Deputy Medical Officer at Portland, were still capable of making it 'their business to give as much trouble as they can' and were 'often malingerers of a high order'.¹⁴⁷ Meanwhile, weak-minded prisoners were also referred to as 'doubtful' cases, adding further complexity in determining 'whether a man is insane, or weak-minded, or

¹⁴³ *Ibid.*, 27 June 1894, p.293. ¹⁴⁴ Blandford, *Insanity and its Treatment*, p. 447.

¹⁴⁵ Kimberley Commission (1878–79), Evidence of Dr J. Campbell, p. 580.

¹⁴⁶ NAI, GPB/CORR/1888/Item no. 1365, Papers relating to padded cell at Castlebar Prison, 1886–88.

¹⁴⁷ A.R. Douglas, 'Penal Servitude and Insanity', *Journal of Mental Science*, 44:185 (Apr. 1898), 271–7, at pp. 274–5.

whether he is shamming'. A number of such cases ended up at Woking, including one prisoner sent on from Chatham, who had been flogged and kept on a bread and water diet, which as John Campbell acerbically remarked, were actions 'not likely to improve' his weak-mindedness.¹⁴⁸ Yet Campbell, concerned about the build up of weak-minded cases at Woking, also commented that 'utmost caution is required to discriminate between the really weak-minded and those cunning miscreants who feign mental peculiarities as a cloak for their misdeeds. These men belong to the worst description of criminals, and are proper subjects for the most deterring punishments.'¹⁴⁹

Prison psychiatry moved to resolve such blurring by producing new categories and descriptors that allowed for this. David Nicolson contended that feigned insanity, a crucial aspect of the psychological states of prisoners, was a 'hybrid condition ... where we have certain external appearances and manifestations which are more or less like those of insanity, but which are nothing but the promptings of a sane mind behind the scenes'.¹⁵⁰ 'The detection of feigned insanity is, and ever will be, difficult,' asserted Blandford, 'when we have to examine men and women in whom madness and badness are so intermingled that observers cannot determine which it is that regulates their conduct.' Many criminals who were perpetual inhabitants of gaols were 'so silly in their motiveless fury, and childish in mind, that we may call them imbeciles or insane ... such there will ever be on the border-land of insanity'.¹⁵¹ For many feigners their previous lives 'have been one continuous history of deception, and of shifty devices for living without work'.¹⁵²

James Murray cited a complex and enduring case of malingering, involving various pains, fits, self-inflicted wounds, hypochondria and excessive grumbling, that led to extensive periods in the prison hospital at Wakefield, but was only marked by one instance where the prisoner's mental condition was questioned, when he was reported to be 'weak-minded and under observation'.¹⁵³ Yet the case was described as intriguing as a 'psychological study'. The prisoner's 'hereditary acquirements are unsound, mentally and morally', and he was the product of 'a neurotic father, and a more immoral mother'. 'From the beginning

¹⁴⁸ Kimberley Commission (1878–79), Evidence of Dr J. Campbell, pp. 572–3, 571, 580.

¹⁴⁹ Campbell, *Thirty Years Experience*, p. 82.

¹⁵⁰ Nicolson, 'The Morbid Psychology of Criminals', p. 242. See also ch. 3 for the creation of specific prison taxonomies.

¹⁵¹ Blandford, *Insanity and Its Treatment*, p. 446.

¹⁵² William A. Guy and David Ferrier, *Principles of Forensic Medicine*, 7th edn, rev. William R. Smith (London: Henry Renshaw, 1895), pp. 259–60.

¹⁵³ Murray, 'The Life History', p. 353.

of his prison-life he shows marked disinclination to settled labour or restraint of any kind, and finding that the only means of escaping his irksome duties is by personal defect, he mutilates himself and continues to do so whenever occasion requires.¹⁵⁴ In this case, all elements of ‘moral instability and depravity’ were present, and, citing psychiatrist Henry Maudsley, Murray suggested that the man was a ‘natural criminal’, with a ‘defective mental organization ... a specially manufactured article of an anti-moral and anti-social type – sprung from a family in which insanity existed’. ‘If we add to this a considerable amount of low cunning and dogged persistence in striving to avoid legally-imposed labour, we are enabled to distinguish the mental conditions under which he became a confirmed criminal and a successful malingerer.’¹⁵⁵ Thus malingering was itself, in the view of Murray, a form of mental disorder.

The practical problem of making distinctions between sane feigners and the truly insane, however, persisted, and in 1904 the Inspectors of Lunacy in Ireland expressed concern about a group of patients held in Dundrum Criminal Lunatic Asylum who had been transferred from Marybrough Invalid and Convict Prison as insane, but who were regarded to be of sound mind by Dundrum’s medical officers. They took advantage of the visit of David Nicolson, by then one of the Lord Chancellor’s Visitors in Lunacy and the Home Secretary’s referee in cases of doubtful insanity, to serve on their committee of inquiry into the question of how to reach a decision and lay down some general principles on this matter, including the length of observation necessary in cases they described as ‘borderland’ and who were ‘constantly being transferred from Prison to Asylum, and from Asylum to Prison, to the serious detriment of discipline in both institutions’.¹⁵⁶ The remainder of the Committee was composed of Dr Woodhouse, Medical Inspector of the General Prisons Board, and Inspectors of Lunatics George Plunkett O’Farrell and E.M. Courtney. The report commented on the difficulties of making assessments, framing their inquiry in terms of the broader challenges of ‘criminalmindedness’, ‘moral obliquity, criminality, and general viciousness of conduct’: ‘the absence of well-established delusions and the predominance of insane-like, but not necessarily insane, conduct ... have the effect of causing some confusion as to the meaning

¹⁵⁴ Ibid. ¹⁵⁵ Ibid., p. 354.

¹⁵⁶ NAI, CSORP/1905/12904, Minute from Geo. Plunkett O’Farrell and E.M. Courtney, Office of Inspectors of Lunatics, to Under Secretary, 10 June 1904, Minute from Inspectors of Lunatics, 13 June 1904, Minute from Sir Frederick Cullinan to Assistant Under Secretary, 22 June 1904.

or value of the term "insanity".¹⁵⁷ By 1904 Marybrough had devoted one small block to accommodate those refractory and weak-minded prisoners unfit for prison discipline, and it was pointed out in the report that 'where the delusion or other token of mental disease is either obscure, ambiguous or suspicious, the case often requires prolonged observation and study'. This happened in separate cells where the medical officer could take his time assessing the prisoner with a view to his potential removal.¹⁵⁸ In terms of laying down categorical instructions concerning the removal of convicts to Dunderum, however, the report was unable to offer much specific guidance. It pointed out the need for prolonged observation, for thorough acquaintance with the prisoner's history, character and circumstances, including his social class, and that much depended on 'professional knowledge and experience'. It was also recommended that candidates for appointment as medical officer in convict prisons be required to produce testimony of special experience among the insane in asylums, and in cases of doubtful insanity, an advisory board should be appointed to hold an inquiry.¹⁵⁹

Conclusion

Dr Gover was to claim special insight into the case of Hamsley that opened this chapter; his acquired knowledge of Hamsley's back story as a criminal and his broader understanding of prisoners' minds, predilections and behaviour enabled him to confirm that he was feigning insanity. Travelling from London to Derby to examine the evidence, take witness statements and to detect the truth in this case, Gover fully enacted his role as 'Inspector' as well as underlining the expertise of the prison medical officer. Experienced prison doctors, such as David Nicolson, John Campbell, John Baker and Robert McDonnell, stressed the importance of looking carefully at individual cases, arguing that they were uniquely placed to differentiate between feigned and 'real' cases of insanity, their skills gained through being 'acquainted with prison life'.¹⁶⁰ Their knowledge of both insanity and criminality distinguished them from psychiatrists and other medical witnesses whose expertise was different, limited and partial.

¹⁵⁷ Ibid., *Report on the Committee of Inquiry into certain Doubtful Cases of Insanity amongst Convicts and Person Detained*, 1905, p. 10.

¹⁵⁸ Ibid., p. 11. ¹⁵⁹ Ibid., pp. 14–15.

¹⁶⁰ John Baker, 'Some Points Connected with Criminals', *Journal of Mental Science*, 38:162 (July 1892), 364–9, at p. 364.

Yet, at the same time, prison medical officers acknowledged the difficulties of adjudicating such cases, the 1904 Report into Doubtful Cases of Insanity in Ireland noting that the question ‘ever utmost’ in the thoughts of prison medical officers was whether the ‘insane-like behaviour’ of prisoners was genuine or feigned:

No special act or kind of act will decide this question. In the prison arena refusal to work, insubordination, violence and destructiveness may each in turn be the role of the mere criminal or of the lunatic: while delusions, incoherence, and imbecility may be that of the lunatic or imposter feigning insanity. Again, attempts at suicide, refusal of food, self-torture in any form, nudity, setting fire to cell or furniture, noisy raving, gross filthiness or indecency are not in themselves indications of insanity, although they figure largely as stock performances in the would-be lunatic’s repertoire.¹⁶¹

Feigning in prison constitutes an important – and hitherto relatively neglected – part of the history of malingering more broadly, bringing into question Simon Wessely’s conclusion that malingering only moved resolutely into the sphere of medical expertise in the early twentieth century when progressive social legislation facilitated financial rewards for malingering.¹⁶² This chapter has demonstrated that interest in feigning was already deeply embedded in prison practice and it was seen as a crucial aspect of the prison doctor’s role by early in the nineteenth century. The challenge feigning posed to the ethos of the separate system was as significant as its fusion with fears about recidivism and the criminal mind later in the century. The feigners’ objective of avoiding work and prison discipline – whether it was the moral work of reform and improvement or hard labour – confirmed their shiftlessness, idleness and constitutional weakness.

For prison medical officers the stakes were high – in terms of actual day-to-day workload and their reputation within the prisons where they were employed, as well as professional standing. There was considerable interest in the mental state of prisoner feigners, and in framing new labels to describe them, suggesting that the ‘psychologization’ of malingering became well established during the nineteenth century.¹⁶³ The phenomenon of feigning in the view of prison doctors was associated with the

¹⁶¹ NAI, CSORP/1905/12904, *Report on the Committee of Inquiry into certain Doubtful Cases of Insanity*, p. 15.

¹⁶² Simon Wessely, ‘Malingering: Historical Perspectives’, in P.W. Halligan, Christopher Bass and David A. Oakley (eds), *Malingering and Illness Deception* (Oxford: Oxford University Press, 2003), pp. 31–41, at p. 31.

¹⁶³ Rather than during the First World War as Roger Cooter has suggested. Cooter, ‘Malingering in Modernity’. This is supported in the context of the asylum by Sarah Chaney, ‘Useful Members of Society or Motiveless Malingerers’.

workings of the criminal mind and constituted in itself a particular form of mental disease.¹⁶⁴ So while prison medical officers denied the genuineness of the insanity on display, often punishing these prisoners, they also recategorised feigners as having 'a defective mental condition', which had not only caused them to feign but also to become a confirmed criminal in the first place – 'anti-moral' and 'anti-social' with a 'depraved moral tendency', 'low cunning', and 'dogged persistence'.¹⁶⁵ As such, for the prison doctor, feigners represented a combination of inbuilt criminality, a desire to avoid labour, a determination to get what they wanted despite the risk of punishment and of inflicting upon themselves physical or mental harm. Feigners were a persistent challenge for the prison doctor yet also increasingly acted as a locus through which doctors asserted their specific expertise and differentiated themselves from psychiatrists working in the asylum system.

¹⁶⁴ Murray, 'The Life History', p. 348. ¹⁶⁵ *Ibid.*, p. 354.