Driven to Insanity: Marital Cruelty and the Female Patients at the Fremantle Lunatic Asylum, 1858-1908

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In nineteenth-century Fremantle, marital cruelty (domestic violence) could lead to a woman’s assessment of ‘insanity’ and result in incarceration in the Fremantle Lunatic Asylum. Combined with issues such as alcohol or puerperal mania (post-natal depression), the cruelty of their husbands was often the cause of illness and incarceration. The power that husbands maintained in marriage allowed them to admit and request the release of their wives even when the staff were aware of the violence at home. The patient records and case books from the Fremantle Lunatic Asylum reveal the extent to which some female patients were impacted by violent husbands, the ways in which male control in nineteenth-century marriage allowed for control of their wives’ admissions and discharges, and broader nineteenth-century colonial attitudes to domestic violence in West Australia.

Editor’s Note: some readers may find the subject matter and case studies discussed in this paper confronting. If affected, you may wish to contact the following services (if within Australia): 1800 RESPECT 1800respect.org.au, 1800 737 732; LIFELINE lifeline.org.au, 13 11 14; QLIFE qlif.org.au, 1800 184 527.

The home was a nineteenth-century woman’s place: her space to raise children, care for her husband, and perform domestic duties. However, when that home became violent, the consequences could be dire. Marital cruelty (domestic violence) impacted the lives of some of the women in nineteenth-century Fremantle and could result in committal to the Fremantle Lunatic Asylum as their responses to trauma were considered a form of insanity. Through the records of nine female patients at the Fremantle Lunatic Asylum, this paper presents the factors involved in these cases of marital cruelty, including the discharge to abusive husbands and influence of the medical superintendent, in the context of nineteenth-century Fremantle colonial society.

1 This research has been carried out with the aid of an Australian Postgraduate Award (APA). I would like to thank my supervisor Leigh Straw for her advice and support, Deborah Gare, Joan Wardrop and the Notre Dame postgraduate crew for their encouragement and feedback, and the State Records Office of Western Australia for their assistance in accessing records.

2 Nineteenth-century definitions of insanity included: mania, melancholia, delusions, intellectual disability, and moral insanity (e.g. pruriency, alcoholism, prostitution).

3 Primary sources consulted at State Records Office of Western Australia (SROWA): Case Book Female Patients, 1878-1897: AUWA S2219 Cons 272403; Case Book Female Patients, 1901-1908: AUWA S2219 Cons 310001; Case Book Female Patients, 1906-1908: AUWA S2219 Cons 272404; Case Book Female Patients Chronic Medical Conditions, 1901-1908: AUWA S2219 Cons 310301; Female Register Fremantle Lunatic Asylum Case Book, 1873-1878: AUWA S2219 Cons S7591; Register of Female Patients, 1858-1873: AUWA S507 Cons 112004.
The asylum registers and case books of the Fremantle Lunatic Asylum from 1858 to 1908 reveal that the principal cause of insanity for at least nine of the 452 female patients was marital cruelty.4 Alcohol use or puerperal mania were also combined in these cases.5 The nine patients discussed herein, Mary Carrotts, Mary Walsh, Mary Kelly, Mary Kitson, Mary Anne Rogers, Mary Ann Paynting, Annie Cummings, Rachel Hamilton, and Hannah ‘Annie’ Weir, are the only women identified by staff as having suffered cruelty or violence from their husbands. Psychologist Lenore Walker has emphasised it is essential to listen to women’s testimonies to understand domestic violence.6 However, the women of the Fremantle Asylum did not record their own experiences and as such it is the notes of those who treated them that build a picture of their lives, mental illness, and domestic abuse.7 The staff’s records, in particular those by Medical Superintendent Dr Henry Calvert Barnett, reveal changing attitudes to marital cruelty but that these were bound by social limitations.

A close socio-biographical study, framed by broader research into the female patients at the Fremantle Asylum, allows for emphasis on the women’s stories. Individual lives provide ways for understanding both contemporary societies and processes of social and historical change.8 In particular, this case study contributes to further studies of domestic violence in asylum records. Although a small data set, their individual stories and responses to abuse and trauma contribute to furthering an understanding of colonial Fremantle society and marriage, and discussions of the historical and social context of domestic violence.

The Female Patients of Fremantle Lunatic Asylum

After the influx of convict labour in the 1850s, there was a recognised need within the Swan River Colony to house insane patients. From 1857 to 1858, patients were admitted to a warehouse on Fremantle’s Esplanade.9 The patients were then transferred to the purpose-built Fremantle Lunatic Asylum from 1864, with the facility officially opening in 1865. Due to the various physicians and the changing record keeping styles across fifty years the records present inconsistencies as historical sources; however, data collected reveals that at least 452 women were admitted to the Fremantle Asylum from 1858 to 1908.10

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4 This number is compiled from Fremantle Asylum registers and casebooks at the SROWA. 1898-1900 have incomplete patient information and are not included in the data collection. There may have been other cases of marital cruelty, but the patient records do not reveal all family circumstances upon admission.
5 ‘Puerperal mania’ was a nineteenth-century understanding of post-natal depression.
7 The women discussed may have kept some records but they are either inaccessible or do not survive. In recognition of the importance of the testimony preserved in the primary documentary evidence, the passages quoted in this paper are presented unedited for tense, spelling etc.
10 All statistics are compiled from the aforementioned primary source material (footnotes 3 and 4) consulted at SROWA.
The nine women of this case study were not dissimilar from the average female patient at the Fremantle Lunatic Asylum. These women ranged in age from twenty-five to fifty-two years old, correlating with the major age groups of the female asylum population. As married women, they were also part of the majority: married women were admitted to the asylum more than single women. However, most women were not admitted to Fremantle Asylum with noted experience of marital cruelty. Cases of marital cruelty were noted in merely 1.77% of admissions between 1858 to 1908. The most common reasons for admission were delusions (24%), mania (19%), and puerperal insanity (14.8%). The nine women identified as suffering some form of cruelty or abuse from their husbands was indicated by physicians in the patient registers and casebooks through their comments and language. It was likely many more women suffered marital cruelty.

For women, misery and harm due to marital cruelty could manifest as mental illness. However many women’s psychological responses, and their underlying cause, remained hidden, complicating historical studies of marital cruelty. Historian Kay Saunders writes that it is extremely difficult to determine the extent of spousal violence in nineteenth-century Australian colonies though court records are considered an accessible and detailed resource. However, Judith Allen states that the surviving records are inadequate in Australia as they impede definite conclusions on the prosecution of men for family violence: ‘even if half the men charged with assault attacked their wives and lovers, this amounted to only approximately 1,000 women beaters prosecuted each year, or 602 per 100,000 married men’. Furthermore, more than fifty per cent of cases were withdrawn or dismissed before or at the commencement of the hearing. The inadequacy of the court records demonstrates the difficulty in ascertaining a complete picture of nineteenth-century marital cruelty; however, the instances of domestic violence revealed through the asylum records utilised in this study demonstrates that a picture of some of these women’s lives and experiences can be built from the historical evidence.

The most prominent Medical Superintendent for the women who experienced marital cruelty was Dr Henry Calvert Barnett (1832-1897). Dr Barnett was appointed the Colonial Surgeon at Fremantle in 1872, including Health Officer to the Fremantle Port, the Rottnest Aboriginal Convict Prison, and Medical Superintendent for the Fremantle Lunatic Asylum. His list of rules for asylum attendants focused on

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11 The age range of the female asylum population on admission was: 0-19 (7.3%), 20-39 (55.5%) 40-59 (24%), 60 plus (8%), unknown (5%).
12 Marital status for female patients: 45% were married on admission, 24.5% single, 8.8% widowed, and 19.5% unknown. A further 1.3% were married and then widowed, and single and later married (0.88%).
13 There could be multiple reasons for admission; each reason was counted and the percentages represent the terms used rather than single patient admissions.
17 Allen, Sex and Secrets, p. 47.
18 W.B. Kimberly, History of West Australia: A Narrative of her Past Together with Biographies of her Leading Men, Melbourne, F.W. Niven & Co Printers and Publishers, 1897, p. 88.
‘Gentleness, Firmness, Truthfulness’ and encouraged occupation and entertainment for the patients. Historian Philippa Martyr writes that across the twenty-five years he ran the asylum, Barnett’s patient case notes reveal a passionate and thoughtful man who reviewed all aspects of the patients’ situations, including whether they could be discharged safely. This concern was a key factor for women who suffered marital cruelty.

Marital Cruelty in the Nineteenth Century

Marital cruelty, wife-beating, domestic, and family violence, or intimate partner violence, has a long silent history. In nineteenth-century Britain, wives and children were held in law as possessions of the husband or father and therefore acts of violence by these men were not punishable by criminal law. Violent behaviour could be excused as a man ‘had a right under [English] Common Law to chastise his wife if she had nagged or scolded, been a slattern or was in the habit of getting intoxicated’. Despite the general condemnation of wives who failed to maintain a proper home, the excusable range of a husband’s use of physical force, even on a ‘bad’ wife, was restricted by the end of the nineteenth century. There was also increased prosecution of domestic violence, attributed to a rising revulsion against physical abuse. By the late nineteenth-century wife-beating was out of favour. Despite this, law enforcement were reluctant to interfere in cases of marital cruelty, believing that most claims settled themselves.

Convictions following arrests for marital cruelty were difficult as the victim rarely agreed to give evidence in court. Allen notes that nineteenth-century Australian women had little to gain by prosecuting their husbands for violence. Unless wives exposed the situation or the violence resulted in death it generally remained unpunished; given their large families and financial dependence, relatively few wives took such action. In 1790, English lawyer Sir William Scott defined cruel violence within marriage as something that endangered life or evidence of physical violence that caused harm to physical health. Therefore, the legal emphasis was on the physical aspects of marital cruelty.

Similarly in Australia, since the beginnings of white settlement, assault at home was often understated; it found its support in the economic, political, and legal

27 Allen, Sex and Secrets, p. 46.
29 Foyster, Marital Violence, p. 42.
structures of the family and marriage. Historian Penelope Hetherington notes that male dominance in the structures of nineteenth-century marriage was evident as the rules were made and enforced by men. This power structure kept marriage under male control to establish the legitimacy of every child born into a respectable family through the male line. Nineteenth-century domestic ideals of separate gendered spheres also mandated female submission and dependence, factors which exacerbated domestic violence and made it difficult for women to seek help. Saunders notes ‘her husband’s home was not a woman’s haven but her entire life’s work which ultimately she could not control’. Even in cases of divorce, a life separate from a spouse would have been no less difficult due to the narrow range of poorly paid employment available to women: a daunting prospect for mothers with dependent children. Winning maintenance payments from violent husbands was also complicated for colonial wives wishing to leave their marriage. While a judge could be horrified by the violence, they could also construe it as justified if the wife had transgressed, for example, drinking or physically fighting back, and then be unlikely to grant maintenance. Therefore, a lack of viable alternatives made marriage an almost necessary and permanent condition of nineteenth-century wives and further emphasises the power imbalances that existed within nineteenth-century marriage.

The Six Marys

For the women of Fremantle, the traumas of domestic life were significant factors in their committal to the asylum. Coincidentally, and possibly due to the popularity of the name, six of the nine women who experienced marital cruelty were named Mary. The following patient experiences as recorded in the Fremantle Asylum records reveal that the women all had different reasons for incarceration, but the cruelty of their husbands was a significant factor in the state of their sanity and committal. Mary Carrotts was thirty-five years old when admitted from Albany on 1 November 1879 with delusions that people were trying to kill her; the records noted she had been ‘driven to insanity by cruelty of husband’, John.

30 Scutt, The Sexual Gerrymander, p. 62; 103.
31 P. Hetherington, The Marriage Knot: Marriage & Divorce in Colonial Western Australia 1829-1900, Crawley, University of Western Australia Publishing, 2013, p. 6; 32.
35 Allen, Sex and Secrets, p. 19.
37 Twomey, ‘Identifying (with) a “Serious Social Evil”’, p. 81.
38 Allen, Sex and Secrets, p. 19.
39 The records quoted below will not be edited for tense, spelling, etc., to preserve the original testimony as it stands in the primary documentary evidence.
40 Case Book Female Patients, 1878-1897, Folio 46, 1 November 1879.
four children and a stillborn son in 1877.\footnote{Births, Death and Marriages Western Australia (BDMWA): Certificate of Death: Stillborn M Carrots (1859/1877); other children born: Mary Josephine (14107/1872), Robert Edward (15165/1873), Sarah Louisa (16508/1875), Michael (20377/1879).} In the asylum, she was often troublesome, but variable, ‘sometimes more quiet, sometimes quarrelsome’.\footnote{Case Book Female Patients, 1878-1897, Folio 46, 10 November-13 December 1879.} Despite Dr Barnett’s knowledge of John’s violence, Mary’s progress was reported to John by telegraph twice in 1880.\footnote{Ibid.} In April 1882 she began to show symptoms of typhoid and one night struck her head against the bed head and wall, ‘losing much blood’.\footnote{Ibid, Folio 67, 5-17 April 1882.} She was ‘removed for her safety to padded room, and the head washed and bandaged’.\footnote{Ibid.} However, three days later she died of ‘natural causes’, and Barnett wrote to her husband to inform him.\footnote{Ibid, 20 April 1882.} Her husband’s violent behaviour led to Mary Carrotts’ mental condition, and the ensuing breakdown claimed her life.

Mary Walsh, the wife of a pensioner, was remanded for medical examination in Fremantle on 10 July 1882.\footnote{‘Warrants Issued’, Police Gazette, No. 28 (Wednesday),12 July 1882, p. 112. State Library of Western Australia (SLWA), https://www.slwa.wa.gov.au/sites/default/files/188207_rm.pdf (accessed 11/4/2018).} She was admitted via Fremantle Prison with delusions of demons in the air and poisoning by soapsuds.\footnote{Case Book Female Patients, 1878-1897, Folio 70, 13 July 1882.} Dr Barnett noted she was ‘very badly treated at home by her husband and … thereby weaker in mind’.\footnote{Ibid, 28 July; 5 October 1880.} By February 1886 she had become ‘quiet and harmless’ and due to be discharged to her husband.\footnote{Ibid, 28 February 1886.} Barnett recorded that he had sent Mary’s husband letters stating that her illness was due mainly to her husband’s bad treatment; however, the husband had not acknowledged the letters.\footnote{Ibid.} Despite Barnett’s awareness of her violent home life, she was discharged into her husband’s care.\footnote{Ibid, 16 March 1886.} Fifteen years later, in 1901, Mary was readmitted; she was childish, demented, and gave little trouble.\footnote{Ibid, 17 March 1886.} She died in the asylum on 3 January 1907, after a sudden apoplectic seizure.\footnote{Case Book Female (Chronic), 1901-1908, Folio 82, 5 August 1901; 11 December 1902.} Mary Walsh’s trauma inflicted by her husband caused mental strain in her younger and older life.

Mary Kelly was aged thirty-two when admitted from York on 21 November 1894 with her four-week-old infant.\footnote{Ibid, 3 January 1907.} Mary was noted to have ‘homicidal mania’, had attempted to cut her throat, was melancholic, and appeared ‘emaciated and sad looking’.\footnote{Ibid.} Her infant was not admitted as the female side was crowded and contained violent patients.\footnote{Ibid, 17 March 1886.} After her admission entry, a memo stated she was not to be discharged without first communicating with the police ‘as her husband, it is thought, intends to murder her’.\footnote{Ibid, 7 December 1894.} In March 1895 she tried to drown herself and so ‘for her own
safety and that of those about her, her arms have to be confined in sleeves’. She was ‘most violent, biting, kicking’ and had to be kept in a separate ward, although she would sleep ‘after draught’.

In July 1896, despite a police warning, her husband and children visited her, but she was noted as ‘very foolish’ with ‘no improvement’. Mary continued an ‘unpleasant woman with obnoxious voice’, and was transferred to Claremont in May 1908 as the Fremantle Asylum was closing. Mary Kelly’s reaction to the violence experienced at home manifested in her violent actions in the asylum.

Mary Kitson, of 27 Glyde St, East Fremantle, was a small woman of four foot, ten inches, with grey hair, aged forty-two, from Yorkshire and of Church of England faith. When admitted with simple mania on 27 September 1905, she had threatened suicide and gave a history of ‘cruelty by husband who is repeatedly drunk’. In late October, Mary still required paraldehyde (sedative) at night to help her sleep as she was restless, incoherent, and delusional, with visual and auditory hallucinations. In November Mary was sunburnt and developed ‘diarrhoea with some haemorrhage’; after minor improvement, the dysentery worsened, and she died on 30 November 1905.

The violence and alcohol consumption of Mary Kitson’s husband seemingly led to her suicidality and incarceration.

Mary Anne Rogers, aged fifty-two, English, and of Church of England faith, was admitted as senile, caused by menopause, on 29 March 1906. She was a ‘fairly plump face woman with vacant expression’, brown and grey hair and light blue eyes. The records note Mary was a ‘chronic alcoholic’ who was ‘guilty of self-abuse in an aggravated form’ with ‘erotomania’, and that ‘her husband knocks her about’. A ‘foolish demented woman’ she remained in the asylum and was transferred to Claremont in May 1908.

Mary Anne Rogers’ alcoholism may have been a symptom of the violence she suffered from her husband, whose actions contributed to her mental state and incarceration.

Mary Ann Paynting was a fifty-year-old English Wesleyan with general paralysis admitted on 2 January 1908 after she was unable to look after herself and became violent. She denied drinking alcohol; however, as general paralysis could result from alcohol consumption, it is possible this was the cause of the condition. It was noted ‘her statements are untrustworthy’. Mary Ann claimed that ‘her attendants and other (imaginary people) hold her down and attempt to criminally

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59 Case Book Female Patients, 1878-1897, Folio 172, 15 March 1875.
60 Ibid, 19-20 March 1895.
61 Ibid, 24 July; 13 August 1896.
62 Case Book Female (Chronic), 1901-1908, Folio 33, 12 September 1906; 27 May 1908.
63 Case Book Female Patients, 1901-1908, Folio 291, 27-28 September 1905.
64 Ibid.
65 Ibid, 29 October 1905.
66 Ibid, 16-30 November 1905.
67 Ibid, Folio 335, 29 March 1906.
68 Ibid.
69 Ibid; self-abuse was a nineteenth-century term for masturbation; erotomania is a delusional condition resulting in a person believing someone is in love with them despite contrary evidence.
70 Ibid, 8 April 1906; 29 May 1908.
71 Case Book Female Patients, 1906-1908, Folio 195, 2-3 January 1908.
72 Ibid.
73 Ibid.
assault her'.

She was noted as having been married twice and ‘her present husband was formerly a patient in this institution and is now in Cue Asylum [sic], he was cruel to her’. She had one child by Paynting who died of marasmus (undernourishment) and at least one other child, Matthew Joyce, from her first marriage.

Mary Ann remained in the asylum and was transferred to Claremont in June 1908 where she died the following year. Mary Ann Paynting could have developed traumatic symptoms from domestic violence that led to general paralysis through alcohol consumption.

All of these women suffered from trauma that manifested in various ways: suicidality, alcoholism, violence, or delusions. Marital violence was listed as a contributing factor in all cases. Whether admitted by their husbands, the police, or doctors, the impact of their husbands’ abuse on their lives was significant. The violence the women received was a contributing factor to their mental state and led to their committal in the asylum. However, in these cases, the abuse did not occur in isolation, and thus it is integral to consider the broader contributing factors in domestic violence.

### Alcohol, Trauma, and Blame: Factors Involved in Marital Cruelty

The association of alcohol with domestic violence is well known, although the precise relationship is still under examination. Alcohol consumption was generally higher in the colonies than in Europe as colonial populations during early settlement were primarily composed of men, the heaviest drinking demographic. During the first eighteen months of settlement in the Swan River Colony, drunkenness was prevalent across all classes, reflecting the severe problems of dislocation and adjustment to a new environment. However, by the 1890s, alcohol consumption in the Australian colonies had fallen to about half the levels it had attained in earlier colonial days.

Robin Room argues this was partly caused by a shift in the demographics of the population, as there were more women and children, and also reflected the rise of temperance sentiment. Australian women were enfranchised early, by international standards, and strong temperance movements were entwined with the late nineteenth-century campaign for women’s suffrage. The Woman’s Christian Temperance Union, founded in the late nineteenth century, attracted numbers of women in Australia as moral guardians of the home, to protect against the harms associated with excessive alcohol consumption: violence, sexual abuse, and poverty. By the early twentieth century drinking, particularly public drinking was differentiated by class and gender.
Women who drank alcohol were perceived as offensive, due to nineteenth-century cultural expectations of female behaviour. It was believed that drunkenness reduced a wife’s capacity to manage and further the family’s material and spiritual interests: a drunken woman would not be capable of attending to her children and husband, and most importantly, would be incapable of setting a good moral example. By the early twentieth century women who were loud, drunk, loitering or generally leading idle lives could face up to six months in Fremantle Prison. Saunders writes that during the nineteenth century a husband could beat his wife if she had been drinking, either in a public hotel or if she was at home with children. Recent studies reveal that women are more likely than men to drink in response to depression; in this context, self-medication with alcohol can be understood as a method to reduce or manage emotional pain and suffering. Alcohol was often mixed into the cases of the women of Fremantle Asylum, Mary Kitson’s husband was noted as repeatedly drunk, while Mary Anne Rogers and Mary Ann Paynting (mentioned above), and Annie Weir (discussed below), were recorded to drink themselves.

Modern counsellors and psychologists acknowledge domestic violence can be a severely traumatising experience. Symptoms such as anxiety, depression, self-harm, substance misuse, and suicidality are now seen as responses to trauma. Time in an asylum could further victimise women: the original abuse coupled with the victimisation of a system that did not understand women’s circumstances compounded the trauma experience. Trauma is also cumulative, and repeated exposure to victimisation potentially increases levels of mental disorders. Psychologist Phyllis Chesler states that some women in mental institutions were not mad, just seen as such, and what is labelled madness can also be caused or exacerbated by injustice and cruelty within the family and society.

Battered women are still often blamed for choosing their abusers, or for refusing to leave them. The lack of respectable, non-familial social identities for nineteenth-century women, especially in the working class, was an important cultural factor in them remaining in violent marriages. In the 1880s the legal basis for divorce was adultery; cruelty was not considered as grounds until the 1930s in Britain and

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92 Ibid.
96 Chesler, Women and Madness, p. 131.
97 Allen, Sex and Secrets, p. 51.
some Australian states. Even in a modern context domestic violence is rarely depicted as the abuser’s problem and only recently have discussions emerged concerning the social and cultural context that tolerates and fosters the violence. In this study of Fremantle, the men are also mostly absent, as the records only concern their battered wives. While sometimes acknowledged as cruel and causing insanity, the husbands were rarely considered for punishment or committal.

**Into the ‘Care’ of Their Husbands**

Female patients who experienced marital cruelty were often repeatedly discharged into the care of their abusive husbands. This discharge pattern related to the power structure within nineteenth-century marriage. Most of the women incarcerated in the Fremantle Asylum were classified insane on the information provided by their husbands which suggests that the women were judged by police, regional magistrates, and asylum staff, according to their husbands’ testimonies. Thus the asylum superintendents took the opinions and requests of husbands seriously and were less likely to discharge a woman who did not have the support of a husband or family. The medical superintendent had the right to refuse the request for discharge if he felt the patient was dangerous and unfit to be released, but a ‘Visiting Committee’ or Government order could overrule them. In most cases an order of the medical superintendent or the request of family led to discharge; however, husbands often requested the release of their wives.

Husbands were usually less dependent on their wives’ income, but wives did all the domestic work. The absence of wives from home could result in sending children to relatives or poor homes and orphanages, and husbands being left to fend for themselves for food and domestic care. This situation was not ideal for husbands, and so repeated requests for discharge were often granted, even when the staff were aware of the violence at home. Of the 209 female patients that were discharged across 1858 to 1908 most were released to male relatives (24.4%), of which husbands constituted 17.7%, and female relatives (11.5%). This information was inconsistently reported; however, if a patient was discharged, it was most likely to a male relative or husband.

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98 Allen, Sex and Secrets, p. 50.
100 B. Harman, ‘Out of Mind, Out of Sight: Women Incarcerated as Insane in Western Australia 1858-1908’, PhD thesis; University of Western Australia, 1993, p. 110.
103 Ibid.
105 Ibid, p. 94.
The women admitted for marital cruelty in the Fremantle Asylum were always discharged to their husbands. This pattern affected three patients significantly: Annie Cummings, Rachel Hamilton, and Hannah ‘Annie’ Weir, who were all subject to their husband’s violence and discharged into their ‘care’.106 These case studies demonstrate that the asylum staff were, at times, aware of the harmful accumulation of continually releasing women suffering from marital cruelty into the care of violent husbands; however, the institutional and societal context prevented remedying the issue.

Annie Cummings

Annie Cummings was admitted from Geraldton on 15 January 1886, a twenty-five-year-old, married woman with ‘puerperal mania’ the ‘supposed cause, confinement’, with abscesses in both her breasts.107 She was in a ‘weak dirty state’ and looked ‘wild and distraught’.108 Dr Barnett noted by early February her breasts had begun to improve, although Annie ‘closed her eyes and seemed almost paralysed’ at times; however, Barnett dismissed this action, noting she was ‘possibly feigning’.109 In March she was visited by her husband, and seven days later Barnett recorded she had ‘improved but not enough to warrant her discharge’.110 Regardless, nine days following the report, she was discharged on trial to the care of her husband.111 After only two days of absence she was ‘brought back covered with bruises and foully ill used’, her ‘mind gone’.112

The following month her head still bore the marks of bruises, and she was no better.113 In May there was a slight improvement, but her mind remained blank.114 By July she was beginning to improve, even looking after ten-year-old patient Emily Randall who was intellectually disabled with epileptic fits.115 However, in August Annie’s husband informed the matron that their baby had died in Perth; the matron was to break the news to her at a ‘suitable time’.116 Mary Cummings, a seven-month-old baby, is registered to have died in 1886 to a George Cummings with the mother listed as unknown.117 The records do not indicate when Annie was told or her reaction to the information, only that she had ‘greatly improved’ and was discharged to the care of her husband once more.118

Annie’s struggle with puerperal mania resulted in her inability to function at home; her removal to the asylum impacted her husband left with a newborn. Whether he cared for the baby or sent it to relatives is unknown; however, he seemingly desired Annie’s presence at home. The ensuing violence when she was still unable to function

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106 There are other factors in these women’s committal to the asylum including childbirth and childrearing, however the scope of this paper does not allow for a full analysis of this.
107 Case Book Female Patients, 1878-1897, Folio 100, 15-18 January 1886.
109 Ibid, 2 February 1886.
110 Ibid, 6-11 March 1886.
112 Ibid, 24 March 1886.
113 Ibid. 5-18 April 1886.
114 Ibid, 10-29 May 1886.
115 Ibid, Folio 110, 16-22 July 1886; Folio 100, 20 July 1886.
116 Ibid, 10 August 1886.
117 BDMWA: Certificate of Death: Mary Cummings (14083/1886).
118 Case Book Female Patients, 1878-1897, Folio 110, 16-19-21 August 1886.
sent her back to the asylum. The longer time spent incarcerated may have allowed for mental improvement, but the death of her baby surely had an impact. Annie was not admitted again and what became of her is lost to history; she likely remained in the abusive marriage.

Rachel Hamilton

Rachel Hamilton was seven months pregnant when admitted on 17 May 1876 aged twenty-six.\textsuperscript{119} She had been violent and eccentric two months before her admission, had twice attempted to strangle herself, and tried to stab her husband.\textsuperscript{120} She was incoherent and delusional, looked scared and wild, with a ‘very insane expression’.\textsuperscript{121} In the asylum Rachel was troublesome, would take offence without excuse, and tear up anything within reach.\textsuperscript{122} When her husband visited, she could ‘scarcely speak civilly’ to him, although she had not used bad language at other times.\textsuperscript{123} Rachel disliked the idea of returning home saying ‘her husband “knows what is going on” and that “it is no use two Devils living together”’.\textsuperscript{124} This attitude continued, and she stated she did not care whether she stayed in the asylum or went home.\textsuperscript{125} Dr Barnett noted ‘her husband and she herself have both bad tempers’.\textsuperscript{126}

At the end of May, Rachel’s husband visited again, and conversing with her afterwards Barnett found her ‘unwilling to go home, sulky looking and with unsteady eye’, but noted she did ‘feel her child moving’.\textsuperscript{127} Barnett stated he did not ‘think it safe’ to allow her to leave, perhaps Rachel felt the same.\textsuperscript{128} In early June her husband visited again, and for the first time Rachel expressed a wish to go home, she looked quieter and spoke calmly.\textsuperscript{129} Her husband requested to ‘take care of her at home’, and she was discharged to him on 11 June 1876, just under a month after admission.\textsuperscript{130}

Merely eight days later Rachel was readmitted, almost nine months pregnant now and in much the same mental state.\textsuperscript{131} Her husband visited in July and was ‘excessively rude’ to Barnett when told he needed an order from the surgeon to see his wife, he used ‘abusive language and said he would go to the Governor’.\textsuperscript{132} Seemingly nothing further happened as it was not referred to again. This incident could be read as an attempt from Barnett to prevent her husband’s access. However, he did not state the intention behind his actions. Nevertheless, Rachel behaved quietly and orderly, especially when left alone.\textsuperscript{133}

\textsuperscript{119} Female Register Case Book, 1873-1878, Folio 240, 17 May 1876.
\textsuperscript{120} Ibid.
\textsuperscript{121} Ibid.
\textsuperscript{122} Ibid, 26 May 1876.
\textsuperscript{123} Ibid.
\textsuperscript{124} Ibid, 27 May 1876.
\textsuperscript{125} Ibid, 29 May 1876.
\textsuperscript{126} Ibid.
\textsuperscript{127} Ibid, 31 May 1876.
\textsuperscript{128} Ibid.
\textsuperscript{129} Ibid, 4-6 June 1876.
\textsuperscript{130} Ibid, 8-19 June 1876.
\textsuperscript{131} Ibid, Folio 242, 29 June 1876.
\textsuperscript{132} Female Register Case Book, 1873-1878, Folio 240, 2 July 1876.
\textsuperscript{133} Ibid, 2-7 July 1876.
On 11 July 1876, Rachel unexpectedly went into labour and gave birth to a boy. Ten days after the birth she was much quieter and attending to the baby well; as her husband was anxious to take charge of her, she was discharged again. However, five days later she was readmitted with ‘fresh delusions, great excitement and threats of taking her husband’s life. The baby was removed from her and placed in charge of a nurse’. Perhaps Rachel’s threats against her husband were a way to return to the asylum, as she had previously expressed an unwillingness to be home.

In August 1876 Rachel was visited by her husband and ‘as usual quarrelled with him’. She was anxious ‘to get out to her children…but not with her husband’; however, Barnett did not believe she was in a fit state to have charge of her children at that time. By September Rachel wished to go home stating that if released, her husband would let her have a separate room, although Barnett doubted this to be true. In early October she was deemed ‘quite sane’ and was recommended for discharge: ‘if properly treated by her husband she will remain sane if he ill treats her he ought to be punished’. This comment from Barnett was the only time he suggested punishment for the violent husband. His underlining of ‘he’ suggests a genuine frustration. It did not change the outcome, and Rachel was discharged on trial for two weeks into her husband’s care on 4 October 1876.

Three years later Rachel was readmitted, this time ‘described as dangerous’ and had given birth a few weeks before admission. Barnett noted she ‘had puerperal mania before’ and was ‘now quiet but distraught’. Her mental state is unsurprising as, once again, her newborn was removed from her. In late May 1880 she was noted as ‘somewhat better’ and as her husband made a ‘written application promising to have all care taken of her’. She was discharged in June, for the last time, to her husband.

Dr Barnett’s recording of Rachel and her husband’s actions suggest an abusive and volatile relationship. Their marriage caused obvious strain on her mental health and ability to care for her children, whom she missed while incarcerated. She may have also used violence and bad behaviour to remain in the asylum or to be readmitted. Despite missing her children, her comments and lack of willingness to go home at times suggests this could have been the case. Rachel’s continued exposure to violence at home resulted in repeat victimisation and her violent response.

Hannah ‘Annie’ Weir
Hannah ‘Annie’ Weir was continually released to her abusive husband William, and although not identified as having experienced marital cruelty, the violence from her husband was made clear in the records. Annie was thirty when admitted with ‘homicidal mania’ on 25 June 1876. At first violent and troublesome by the end of
July she had become quiet and well behaved.\textsuperscript{145} However, when her husband and children visited her, Dr Barnett noted she was ‘rather vexed with her husband’.\textsuperscript{146} Due to good behaviour Annie was discharged on trial to William a month later, but was cautioned to ‘refrain from drink’.\textsuperscript{147} Within a fortnight Annie was arrested by police and readmitted; she was found in the street with a tomahawk in her hand.\textsuperscript{148} It was stated ‘her husband has given her drink and took her to a public house!’\textsuperscript{149} Her husband was deemed ‘unfit to have charge of her’, and Barnett noted ‘some marks of bruises or kicks upon her, arms, legs and body’.\textsuperscript{150} Despite this, she was ‘tolerably sensible’ on admission and was ‘anxious to get to her children again’.\textsuperscript{151} Within a month she was deemed ‘quite sane’ and discharged on trial; the records do not state who she was discharged to, but it was most likely her husband.\textsuperscript{152}

Three years later Annie was readmitted ‘flighty and verbose’.\textsuperscript{153} She was troublesome and beat ‘the other patient’s heads against the ground occasionally’.\textsuperscript{154} By the end of January 1880, Annie was once more improved and discharged to the care of her husband.\textsuperscript{155} In October she returned to the asylum for the fourth time after having ‘had another quarrel with her husband’ and ‘used obscene and threatening language’.\textsuperscript{156} However, since her admission, Annie had been ‘very quiet and well behaved’; she was also noted to be two and a half months pregnant.\textsuperscript{157} At the end of October Barnett recorded that ‘ever since admission she has been perfectly quiet and well behaved…much inclined to think that her husband should not have sent her’ to the asylum.\textsuperscript{158} She was discharged in November 1880.\textsuperscript{159}

It was during this period that Annie lost her tenth child, a stillborn male, which would have been a traumatic experience.\textsuperscript{160} Within two months of her last discharge, she was readmitted in February 1881, ‘a criminal lunatic’ with a five-month sentence terminating on 28 July 1881.\textsuperscript{161} The Police Gazette reported Hannah Weir was arrested at Williams River on 28 January for drunk and disorderly and sentenced to six months hard labour; she received an extra month for using threatening language and assaulting police.\textsuperscript{162} In the asylum, Annie began ‘flooding’ on 7 May and in July she

\begin{footnotesize}
\textsuperscript{145} Female Register Case Book, 1873-1878, Folio 243, 4-27 July 1876.
\textsuperscript{146} Ibid, 24 July 1876.
\textsuperscript{147} Ibid, 27-29 July 1876.
\textsuperscript{148} Ibid, 9 September 1876.
\textsuperscript{149} Ibid.
\textsuperscript{150} Ibid.
\textsuperscript{151} Ibid.
\textsuperscript{152} Ibid, 2-4 October 1876.
\textsuperscript{153} Case Book Female Patients, 1878-1897, Folio 43, 1 October 1879.
\textsuperscript{154} Ibid, 2 January 1880.
\textsuperscript{155} Ibid, 22-32 January 1880.
\textsuperscript{156} Ibid, Folio 53, 1 October 1880.
\textsuperscript{157} Ibid.
\textsuperscript{158} Ibid, 31 October 1880.
\textsuperscript{159} Ibid, 1 November 1880.
\textsuperscript{160} BDMWA: Certificate of Birth: Stillborn M Weir (21608/1880); Annie had lost her first-born George at 15 days (7449/1863 d.2388/1863) and her second born Emily at one-year-old (8589/1865 d.3431/1867); she had seven surviving children: Sarah Elizabeth (9443/1866), Annie (10808/1868), Matilda (12821/1870), Minnie (14159/1872), May (15534/1874), William James (16956/1876), and John Lewis (18189/1877).
\textsuperscript{161} Case Book Female Patients, 1878-1897, Folio 56, 5 February 1881.
\end{footnotesize}
suffered ‘severe uterine haemorrhage’, the recovery for which took six days.\(^{163}\) The cause of the bleeding was not recorded; it was most likely the after effects of her stillborn son and previous multiple pregnancies. In July, two days before Annie’s criminal sentence was due to end, Barnett applied to the Colonial Secretary for a warrant to retain her, which he granted on 8 August 1881.\(^ {164}\) Annie remained in the asylum noted as ‘a hopeless case’ and was transferred to Claremont in 1908; later dying in Perth in 1924 aged seventy-eight.\(^ {165}\)

The violence in Annie’s home life and her potential self-medication by alcohol affected her behaviour and contributed to her mental state. Continual release to her abusive husband did not help her situation. In December 1886, her husband William died in a violent altercation with brothers Elijah and Robert Bell, who were charged with manslaughter and released on bail in March 1887; the ultimate verdict was ‘death from natural causes’.\(^ {166}\) This incident further emphasises the violence in Annie’s life. While still incarcerated both her son and daughter (Matilda Bovell) were admitted to the asylum. Violence, alcohol, and institutionalisation seemingly caused generational trauma.

The Powerlessness of those in Power

While it is evident from the examples provided that Dr Barnett was concerned for his patients and aware of some of the violence perpetrated by their husbands, he was also a product of his time. Barnett had been accused of emotional and physical abuse by his wife during their divorce proceedings in 1877.\(^ {167}\) Ann Barnett claimed he had mistreated her for years, not allowing her money, was constantly unkind and finding fault with her, and when discovering she was having an affair, hit her with his crutches and threw a jar at her head.\(^ {168}\) Barnett denied these charges.

There are difficulties in reading Barnett through the archival records as he was a progressive physician and implemented new techniques to aid in patient treatment. Barnett attempted to provide the best treatment for his patients yet was bound by the established parameters of society. If husbands requested the release of their wives and there were no medical reasons to retain them, he had to discharge them. Therefore, Barnett and the asylum staff contributed to the trauma of the women who experienced marital cruelty.

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163 *Case Book Female Patients*, 1878-1897, Folio 56, 7-11 May; 10-16 July 1881.
164 Ibid, 26 July; 8 August 1881.
165 *Case Book Female Patients (Chronic)*, 1901-1908, Folio 17, 1 December 1902; BDMWA: Certificate of Death: Hannah Weir (104/1924).
168 Ibid.
Conclusion

The female patients of the Fremantle Lunatic Asylum who experienced marital cruelty were bound by the parameters of nineteenth-century society. Violence in their marriage was a contributing factor for their mental states and committal to the asylum. Responses to the trauma manifested in varying ways: violence, suicidality, alcoholism, or delusions and hallucinations. In a modern context, these cases would likely not be defined as anything other than trauma or breakdown as a response to their situation. However, in nineteenth-century Fremantle, their violent husbands contributed to insane symptoms in their wives and their influence and control in the institution of marriage allowed them to dictate both incarceration and release. Even when the asylum staff were aware of their husband’s cruel behaviour, they had limited power with which to restrict contact.

This case study contributes to deeper cultural and historical understandings of marital cruelty through asylum admission and casebook notes. A socio-biographical approach to the women’s experiences with marital cruelty in nineteenth-century Fremantle Asylum, provides meaning in wider historical, social, political, and geographical contexts. Elaine Weiss notes, to grasp the full reality of domestic abuse, it must be approached from multiple vantage points, and providing a voice for the survivors aids others in discussing their own experiences. Therefore, even through the lens of nineteenth-century male medical professionals, a voice is provided for the nine women impacted by marital cruelty.

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